

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90141-009-\$550.00-\$550.00

FILED

03 SEP 22 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131390

1. Entity Name
NEW IMAGE DIAGNOSTIC OF MIAMI, INC.



Principal Place of Business
900 W. 49TH ST., #308
HIALEAH FL 33012

Mailing Address
900 W. 49TH ST., #308
HIALEAH FL 33012



2. Principal Place of Business
7947 NW 2ND ST
Suite, Apt. #, etc.

3. Mailing Address
900 W 49TH
Suite, Apt. #, etc.
308

City & State
MIAMI FL
Zip
33126
Country

City & State
HIALEAH, FL
Zip
33012
Country

4. FEI Number
75-3090474

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTINEZ, ROBERT
900 W. 49TH ST., #308
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME ROBERT MARTINEZ
STREET ADDRESS 900 W 49TH ST # 308
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-03

305-558-6622

Date

Daytime Phone #

CR2E034 (4/03)