

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 AUG 11 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08082008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P04000128997</b> 1. Entity Name <b>UNIVERSAL DIAGNOSTIC CENTER, INC.</b>					
Principal Place of Business <b>7374 NW 35 TERRACE STE #102 MIAMI, FL 33122</b>		Mailing Address <b>7374 NW 35 TERRACE STE #102 MIAMI, FL 33122</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1614903</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARCIA, MANUEL 1363 SW 12 STREET MIAMI, FL 33135</b>				7. Name and Address of New Registered Agent Name <b>Silvio CASTILLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7374 NW 35 TERR #102</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33122</b>	
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 <span style="float: right; font-size: 1.2em;">8-8-08</span> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GARCIA, MANUEL</b> <input checked="" type="checkbox"/> Delete <b>1363 SW 12 STREET</b> <b>MIAMI, FL 33135</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Silvio CASTILLO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7374 NW 35 TERR #102</b> <b>Miami FL 33122</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MORENO, ODALYS</b> <input checked="" type="checkbox"/> Delete <b>2000 S.W. 82 AVE</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100134590021</b> <b>08/19/08--01008--006 **300.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: center; font-size: 1.5em;">07-08</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				Date <b>8-8-08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	