

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000128997**

1. Entity Name  
**UNIVERSAL DIAGNOSTIC CENTER, INC.**



Principal Place of Business  
**7374 NW 35 TERRACE STE #102  
MIAMI, FL 33122**

Mailing Address  
**7374 NW 35 TERRACE STE #102  
MIAMI, FL 33122**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**  
2008 AUG 11 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08082008 REIN-P CR2E098 (1/07)

4. FEI Number  
**20-1614903**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GARCIA, MANUEL  
1363 SW 12 STREET  
MIAMI, FL 33135**

7. Name and Address of New Registered Agent  
Name **Silvio CASTILLO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7374 NW 35 TERR #102**  
City **Miami** FL Zip Code **33122**

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]* **8-8-08**  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

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 <b>P</b>	<input checked="" type="checkbox"/> Delete <b>GARCIA, MANUEL 1363 SW 12 STREET MIAMI, FL 33135</b>	TITLE <b>PO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Silvio CASTILLO 7374 NW 35 TERR #102 Miami FL 33122</b>
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete <b>MORENO, ODALYS 2000 S.W. 82 AVE MIAMI, FL 33155</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100134590021 08/19/08--01008--006 **300.00</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<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: *[Signature]* **8-8-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #