

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90888 009 ***150.00

DOCUMENT # P93000049776

1. Entity Name

SPECIALTY DIAGNOSTIC CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 NW 57 Avenue

Suite, Apt. #, etc.

Suite 230

City & State

MIAMI, FLORIDA

Zip

33126

Country

Miami-Dade

3. Mailing Address

701 NW 57 Avenue

Suite, Apt. #, etc.

Suite 230

City & State

MIAMI, FLORIDA

Zip

33126

Country

Miami-Dade

4. FEI Number

65-0425671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OSCAR RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

1440 SW 104 Path, Apt. 106

City

MIAMI

FL

Zip Code
33174

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.

SIGNATURE

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

OSCAR RODRIGUEZ

04/29/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
OSCAR RODRIGUEZ
1440 SW 104 Path, Apt. 106
Miami, FL 33174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (305) 972-6818

Date

Daytime Phone #

CR2E034B (12/01)