2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000067223**

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

CITY-ST-ZIP

STREET ADDRESS

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DIAGNOSTIC IMAGING AND TESTING, INC.

Country

HELLMAN, MAYNARD J

1100 PONCE DE LEON BLVD CORAL GABLES FL 33134

9. This corporation is eligible to satisfy its Intangible

VALLADARES, JEANNETTE

6445 SW 8TH STREET

Tax filing requirement and elects to do so.

MIAMI FL

(See criteria on back)

Principal Place of Business	Mailing Address
0110 S.W. 8 ST Miami FL 33144 US	6445 S.W. BTH STREET MIAMI FL 33144-4813 US
2. Principal Place of Business	3. Mailing Address

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

Country

12.

TITLE

NAME

NAME

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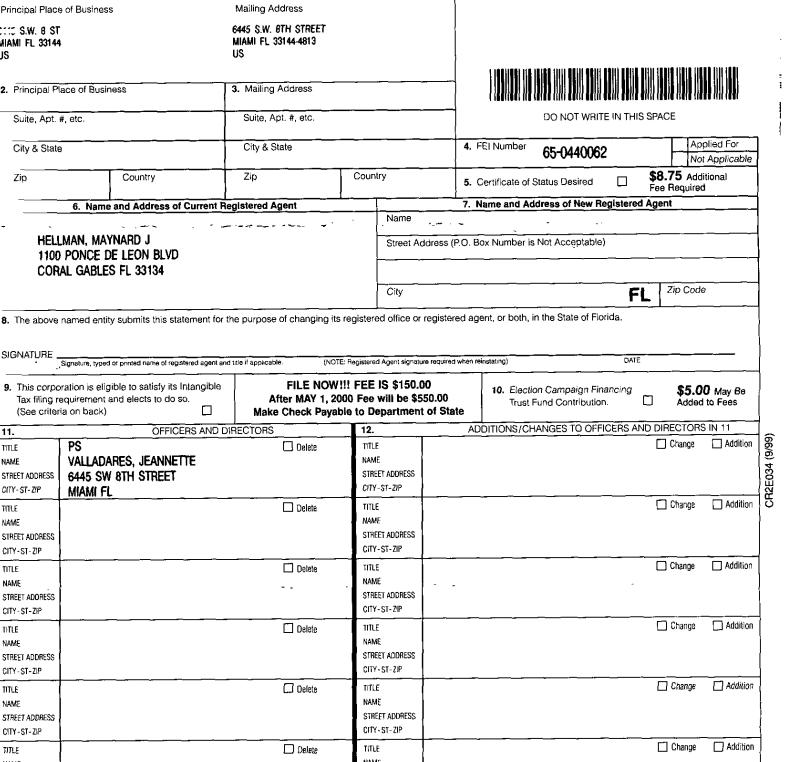
City

City & State

Zip

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90077 005 ***150.00



NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: