2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90013 032 ***150.00

DOCUMENT # P94000051070

1. Entity Name
OPTIMUM DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
7805 CORAL WAY SUITE 114 MIAMI FL 33155	P.O. BOX 441921 MIAMI FL 33144-1921

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
85 GRAND CANAL DR.	
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.
City & State: Miami, FLORIDA	City & State
Zip: 33144 Country: USA.	Zip Country

4. FEI Number 65-0503020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HURTADO, MANUEL 5567 S.W. 4TH STREET MIAMI FL 33134	Name Street Address (P.O. Box Number is Not Acceptable): 85 GRAND CANAL DR. STE 206 City: MIAMI FL Zip Code: 33144

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: M. Hurtado MANUEL HURTADO 3/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HURTADO, MANUEL 5567 S.W. 4TH STREET MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	85 GRAND CANAL DR. STE 206 MIAMI FL 33144	☒ Change ☐ Addition
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CR2E034 (10/00)

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: M. Hurtado MANUEL HURTADO 3/19/01 (305) 260-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #