

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051070

1. Entity Name

OPTIMUM DIAGNOSTIC SERVICES, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90013 032 ***150.00

Principal Place of Business

7805 CORAL WAY
SUITE 114
MIAMI FL 33155

Mailing Address

P.O. BOX 441921
MIAMI FL 33144-1921

2. Principal Place of Business

85 GRAND CANAL DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

Daytime Phone #

(305) 260-9101

CR2E034 (10/00)