2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P94000070028

Entity Name: CARDIOPULMONARY DIAGNOSTICS CENTER INC.

Current Principal Place of Business:

2785 NE 183RD ST #200
AVENTURA, FL 33160 US

New Principal Place of Business:

2601 POINT EAST DRIVE
AVENTURA, FL 33160 US

Current Mailing Address:

1180 NE 161ST TERRACE
NORTH MIAMI BEACH, FL 331624512

New Mailing Address:

FEI Number: 65-0523846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PONCE, CARLOS E
1180 N.E. 161ST TERRACE
NORTH MIAMI BEACH, FL 331624512 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PONCE, CARLOS E
Address: 1180 N.E. 161ST TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: OLIVEROS, JOSE R
Address: 1180 N.E. 161ST TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS E. PONCE PSD 04/29/2002

Electronic Signature of Signing Officer or Director Date