## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P9500002036. DIAGNOSTIC CENTERS OF AMERICA EQUIPMENT CORPORAT 05-14-2001 90083 012 \*\*\*150.00 Principal Place of Business Mailing Address 2101 CORPORATE BLVD NW 2101 CORPORATE BLVD NW SUITE 101 SUITE 101 BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0564159 Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHULLMAN, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD NW SUITE 101 **BOCA RATON FL 33431** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change DS Delete TITLE TITLE NAME **BUTTS, BERNARD** NAME STREET ADDRESS 1790 W. 49TH STREET, SUITE 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILEAH FL 33012 P/D/T/S Change ☐ Addition TITI F Delete TITLE PDT NAME SHULLMAN, STEVEN J SHILLMAN, STEVEN J NAME STREET ADDRESS 2101 CORPORATE BLVD., SUITE 101 STREET ADDRESS 2101 Corporate Blvd.#101 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 Boca Raton, FL 33431 ☐ Addition . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITE F 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED