

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90908 029 \*\*\*150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008041  
Entity Name  
MEDICAL PARK Diagnostic, Inc.

Principal Place of Business  
9090 SW 87 CT.  
Miami, FL 33176  
US

Mailing Address  
8000 W. Flagler St.  
suite #101  
MIAMI, FL 33144  
U.S.

00052394

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
9090 SW 87 CT  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
MIAMI, FL

4. FEI Number  
65-0549986

Applied For  
Not Applicable

Zip  
Country

Zip  
33176

Country  
US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
POZO, JAIME  
8000 W. Flagler St.  
suite 101  
Miami FL 33144

7. Name and Address of New Registered Agent  
Name  
POZO, JAIME  
Street Address (P.O. Box Number is Not Acceptable)  
9090 SW 87 CT  
City  
MIAMI FL Zip Code  
33176

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

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	P POZO, JAIME 8000 W. Flagler St. #101 MIAMI, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P POZO, JAIME 9090 SW 87 CT MIAMI, FL 33176
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (9/99)

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] 4-20-00 305-266-7300