

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023313

1. Entity Name

KENDALL IMAGING, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

03-28-2000 90089 037 ***150.00

Principal Place of Business Mailing Address
9200 S.W. 72ND STREET 9200 S.W. 72ND STREET
MIAMI FL 33173 MIAMI FL 33173-3240

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0575800

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

ASHOURI, MODAR MD
3837 SW 99TH AVENUE
MIAMI FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
DP
OCON, EVARISTO
STREET ADDRESS 3837 SW 99 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE NAME ☐ Change ☐ Addition
NO CHANGE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
DS
CALDERON, ROBERTO
STREET ADDRESS 3837 SW 99 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE NAME ☐ Change ☐ Addition
NO CHANGE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
DV
ASHOURI, MODAR
STREET ADDRESS 3837 SW 99 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE NAME ☐ Change ☐ Addition
NO CHANGE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
DT
TELLERIA, JUAN
STREET ADDRESS 3837 SW 99 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE NAME ☐ Change ☐ Addition
NO CHANGE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
Bomero, George, MD
STREET ADDRESS 3866 Pine Lake Dr.
CITY-ST-ZIP Weston, FL 33332-2103

TITLE NAME ☐ Change ☒ Addition
DS.
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ASHOURI

3.22.2000

305-211 6323

CR2E034 (9/99)