

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040178

1. Entity Name

SUNSHINE DIAGNOSTIC SERVICES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90055 031 ***150.00

Principal Place of Business

Mailing Address

7968 SW 8TH STREET
 MIAMI FL 33144

7968 SW 8TH STREET
 MIAMI FL 33144-4268

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0582575

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LORIGA, MARIA C
 7968 SW 8TH STREET
 MIAMI FL 33144

Name

MARIA C LORIGA

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

13800 SW 8 STREET

SUITE 217

City

MIAMI

FL

Zip Code

33184

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 ☒ Delete
 NAME P
 STREET ADDRESS LORIGA, MARIA C
 CITY-ST-ZIP 7968 SW 8TH STREET
 MIAMI FL 33144

TITLE ☒ Change ☐ Addition
 NAME P
 STREET ADDRESS LORIGA, MARIA C
 CITY-ST-ZIP 13800 SW 8 ST, SUITE 107
 MIAMI, FL 33184

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

MARIA C LORIGA

4.30.00

(305) 220 5163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #