2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 OCT 25 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040588

1. Entity Name
HEALTH SENTRY DIAGNOSTIC SERVICE, INC.

Principal Place of Business
7801 Coral Way, #121
Miami, FL 33155

Mailing Address
7801 Coral Way, #121
Miami, FL 33155

2. Principal Place of Business		3. Mailing Address	
1800 West 49 Street		1800 West 49 Street	
Suite, Apt #, etc. 324-E		Suite, Apt #, etc. 324-E	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33013	Country USA	Zip 33010	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0583242 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Ricardo Gutierrez
3242 NW 99 Street
Miami, FL 33147

7. Name and Address of New Registered Agent
Name Ricardo Gutierrez
Street Address (P.O. Box Number Is Not Acceptable) 5226 NW 7 Street, #B-215
City Miami

400003448224--6
-11/02/00--01026-026
****750.00 ****750.00

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 X [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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	Ricardo Gutierrez		NAME	Ricardo Gutierrez	
STREET ADDRESS	3242 NW 99th Street		STREET ADDRESS	5226 NW 7th Street, #b-215	
CITY-ST-ZIP	~~Miami, FL 33147~~		CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT 00 TS

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: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #