

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006310

1. Entity Name
INTERSCAN DIAGNOSTIC CENTER, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90097 023 ***150.00

Principal Place of Business
13800 SW 8TH ST
BOX 315
MIAMI FL 33184
US

Mailing Address
13800 SW 8TH ST
BOX 315
MIAMI FL 33184
US

2. Principal Place of Business
13800 SW 8 ST.
Suite, Apt. #, etc.
315
City & State
MIAMI, FL

3. Mailing Address
13800 SW 8 ST.
Suite, Apt. #, etc.
315
City & State
MIAMI, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637710 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROSELL, SANDRA
8833 NW 148 TERRACE
MIAMI FL 33018

7. Name and Address of New Registered Agent
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 Sandra Rosell DATE 4-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FERNANDEZ, GEORGINA C	
STREET ADDRESS	8833 NW 148 TERR	
CITY-ST-ZIP	MIAMI FL 33018	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: George Fernandez DATE 4-29-01 DAYTIME PHONE # 305-8631644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)