

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91865 023 ***150.00

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1. Entity Name

PRESTIGE DIAGNOSTIC SERVICES INC.



Principal Place of Business

~~4594 N HIATUS ROAD~~
~~SUNRISE FL 33351~~
US

Mailing Address

~~4594 N HIATUS ROAD~~
~~SUNRISE FL 33351~~
US

2. Principal Place of Business

6736 N. University Dr.
Suite, Apt. #, etc.

3. Mailing Address

6736 N. University Dr.
Suite, Apt. #, etc.

City & State

Tamara, FL

Zip
33321

Country

USA

City & State

Tamara, FL

Zip
33321

Country

USA

4. FEI Number

65-0668202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PORTILLO, BOLIVAR

~~4594 N HIATUS ROAD~~
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

6736 N. University Dr.

City Tamara

FL

Zip Code

33321

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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Bolivar Portillo - Pres.

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PORTILLO, BOLIVAR
STREET ADDRESS 4594 N HIATUS ROAD
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE DV
NAME AZZINARO, GUY
STREET ADDRESS 4594 N HIATUS ROAD
CITY-ST-ZIP SUNRISE FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6736 N University Dr.
CITY-ST-ZIP Tamara, FL 33321 ☒ Change ☐ Addition

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bolivar Portillo

4/28/03

954-724-5924

Date

Daytime Phone #

CR2E034 (10/02)