

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90043 010 ***150.00

DOCUMENT # P96000038681

1. Entity Name
FINLAY DIAGNOSTIC CENTER INC.



Principal Place of Business
**5455 SW 8TH STREET
200
MIAMI FL 33134
US**

Mailing Address
**8758 SW 8TH STREET
MIAMI FL 33174
US**



2. Principal Place of Business
8756 SW 8th St.

3. Mailing Address
8756 SW 8th Street

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0662460**

Applied For
 Not Applicable

Zip **33174** Country

Zip **33174** Country **USA**

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

6. Name and Address of Current Registered Agent

**BETANCOURT, MIGUEL
13237 SW 10TH LN
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name
EDDIAN RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
13205 SW 11 Terrace

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

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input checked="" type="checkbox"/> Delete
NAME BETANCOURT, MIGUEL	
STREET ADDRESS 13237 SW 10TH LN	
CITY-ST-ZIP MIAMI FL 33184	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BETANCOURT, ZENaida	
STREET ADDRESS 13237 SW 10TH LN	
CITY-ST-ZIP MIAMI FL 33184	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDDIAN RODRIGUEZ	
STREET ADDRESS 13205 SW 11 Terrace	
CITY-ST-ZIP Miami, FL 33184	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 recite 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 empowered.

SIGNATURE:  **REQUIRED** **4-24-03**

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

CR2E034 (10/02)