2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 19, 2000 8:00 am
Secretary of State

06-09-2000 90022 048 ***150.00

[redacted]

DOCUMENT # P96000078557

Entity Name: Specific Diagnosis Center Corp.

Principal Place of Business	Mailing Address
8841 West Flagler St #102 Miami, Fl 33174	8841 West Flagler St #102 Miami, Fl 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3900 West Flagler St	3900 West Flagler St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Florida	Miami, Florida
City & State	City & State
Zip 33134 — Country Dade	Zip 33134 — Country

4. FEI Number 65-0706479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Nunez, Alejandro Esq.
1607 Ponce de Leon Blvd
#101
Coral Gables, Fl 33134

7. Name and Address of New Registered Agent

Name: 3900 West Flagler Corp.
Street Address (P.O. Box Number is Not Acceptable): 3900 West Flagler St
City: Miami FL Zip Code 33134

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] DATE 7/10/00
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, 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: STD NAME: Coutin, Jose STREET ADDRESS: 1607 Ponce de Leon Blvd CITY-ST-ZIP: Coral Gables Fl 33134	☐ Delete	TITLE: STD NAME: Coutin, Jose STREET ADDRESS: 3900 West Flagler St CITY-ST-ZIP: Miami, Fl 33134	☑ Change ☐ Addition
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CR2E034 (9/99)

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: + [signature] 4-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #