

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096275

1. Entity Name

DIAGNOSTIC ASSOCIATES OF FLORIDA, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90049 027 ***150.00

Principal Place of Business
409 W HALLANDALE BCH BLVD
SUITE 202
HALLANDALE FL 33009
US

Mailing Address
P.O. BOX 85011
SUITE 202
HALLANDALE FL 33008
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0709843**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBERENA, FERNANDO A
1817 S. OCEAN DRIVE, #520
HALLANDALE FL 33009

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BARBERENA, FERNANDO A
1817 S. OCEAN DRIVE, #520
HALLANDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
BARBERENA, MARIA A.
1817 S. OCEAN DR., #520
HALLANDALE, FL 33009 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Fernando A Barberena* PRESIDENT
FERNANDO A BARBERENA 03/16/01 (954) 458-5738
Date Daytime Phone #

0000057

CR2E034 (10/00)