

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

0497435

DOCUMENT # P96000098482
 1. Entity Name
MIAMI REGIONAL DIAGNOSTICS, INC.

01-19-2001 90062 008 ***150.00

Principal Place of Business 14756 SW 108 TERR MIAMI FL 33196 US	Mailing Address 14756 SW 108 TERR MIAMI FL 33196 US
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000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13370 SW 131 STREET	3. Mailing Address 13370 SW 131 STREET
Suite, Apt. # Etc. Suite 102	Suite, Apt. # Etc. Suite 102

City & State Miami, FL	City & State Miami, FL
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4. FEI Number 65-0710176	Applied For <input type="checkbox"/> Not Applicable
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Zip 33186	Country US	Zip 33186	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DIAZ, MARCOS A
14629 SW 104 ST. #436
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name: **MARCOS A. DIAZ**
 Street Address (P.O. Box Number is Not Acceptable):
13370 SW 131 STREET
Suite 102
 City: **Miami** FL Zip Code: **33186**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, MARCOS A 14629 SW 104 ST. #436 MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCOS A. DIAZ <input type="checkbox"/> Change <input type="checkbox"/> Addition 13370 SW 131 STREET #102 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marcos A. Diaz DATE: 1/4/01 DAYTIME PHONE #: (305) 969-4556

CR2E034 (10/00)