

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91865 035 ***150.00

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DOCUMENT # P97000037104

1. Entity Name
PRESTIGE DIAGNOSTIC ASSOCIATES INC.



Principal Place of Business
~~4594 N. HIATUS ROAD~~
SUNRISE FL 33351

Mailing Address
~~4594 N. HIATUS ROAD~~
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

6736 N University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Tamarac FL

City & State

Tamarac FL

4. FEI Number **65-0756968**

Applied For

Not Applicable

Zip
33321

Country
USA

Zip
33321

Country
USA

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

PORTILLO, BOLIVAR
~~4594 N. HIATUS ROAD~~
SUNRISE FL 33351

Name

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

6736 N University Dr

City **Tamarac**

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Bolivar Portillo - Pres.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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: **Bolivar Portillo** 3/27/03 954-724-9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)