FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P9700065910 1. Entity Name ALLSTAR DIAGNOSTIC, INC. 01-30-2001 90056 050 ***150.00 Principal Place of Business Mailing Address 1814 NORTHEAST MIAMI GARDENS DRIVE 1814 NORTHEAST MIAMI GARDENS DRIVE SUITE 406 SUITE 406 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0779284 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COZZA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1814 NORTHEAST MIAMI GARDENS DRIVE SUITE 406 NORTH MIAMI BEACH FL 33179 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPV TITLE Delete TITLE ☐ Change ☐ Addition COZZA, JOSEPH NAME STREET ADDRESS 1814 NORTHEAST MIAMI GARDENS DRIVE STE 406 STREET ADDRESS CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 AN

Joseph Cozza

1/23/01

<u>(305) 945 · 0606</u>

Daytime Phone #