


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

FILED

99 JAN -7 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000089638**

1. Corporation Name

**WEST MILLER DIAGNOSTIC CENTER, INC.**

Principal Place of Business

13706 SW 56THST #202  
MIAMI FL 33175

Mailing Address

13706 SW 56THST #202  
MIAMI FL 33175



**REINSTATEMENT**

98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0789271	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> N/A	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	MARIA LLOZADA 17233 SW 144CT MIAMI, FL 33177	17233 SW 144CT	MIAMI, Florida 33177

600002742106--8  
-01/14/99--01091--016  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

LOZADA, MARIA  
17233 SW 144TH CT  
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Maria Llozada **REQUIRED** Date 12/15/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Maria Llozada **REQUIRED** Date 12/15/98 305 383-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)