2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000101360 Apr 17, 2000 8:00 am Secretary of State NEW IMAGE DIAGNOSTIC INC. 04-17-2000 90126 031 ***150.00 Mailing Address Principal Place of Business 9990 SW 77TH AVE 900 WEST 49TH ST. SUITE 394- 308 MIAMI FL 33156-2661 HIALEAH FL 33012 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 308 Applied For City & State City & State 4. FEI Number 65-0798644 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name MARGOLIS, JOHN A Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77TH AVE **STE 330** MIAMI FL 33456 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Change ☐ Delete TITLE MARTINEZ, ROBERT NAME NAME STREET ADDRESS 9990 SW 77TH AVE SUITE398 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP Сhange ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 reserver 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. of the corporation of changed, or on an attachme *Robert Martinez

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND

Date

Daytime Phone #