

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90059 027 ***150.00

DOCUMENT # P98000002539

1. Entity Name

MEDICAL DIAGNOSTIC SERVICES, INC.

Principal Place of Business

Mailing Address

2669 FOREST HILL BLVD #101
 WEST PALM BEACH FL 33406

5951 WEST FLAGLER ST
 #8
 MIAMI FL 33183-2308

2. Principal Place of Business

3. Mailing Address

13250 SW 71 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 MIAMI, FL

4. FEI Number

65-0808060

Applied For

Not Applicable

Zip

Country

Zip
 33183

Country

DADE

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

DEL VALLE, MARIO G
 5951 WEST FLAGLER ST
 #8
 MIAMI FL 33144

Name

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

City

FL

Zip Code

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
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, MARIO G	NAME	
STREET ADDRESS	5951 WEST FLAGLER ST #8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDA, JOSE A	NAME	
STREET ADDRESS	7471 FILLMORE ST.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-2000 (984) 298-9791



DO NOT WRITE IN THIS SPACE