

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002539

1. Entity Name

MEDICALL DIAGNOSTIC SERVICES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90065 016 \*\*\*150.00

Principal Place of Business

2669 FOREST HILL BLVD #101  
WEST PALM BEACH FL 33406

Mailing Address

13250 SW 71 ST  
MIAMI FL 33183

2. Principal Place of Business

2669 Forest Hill Blvd.  
Suite, Apt. #, etc.  
101

3. Mailing Address

PO Box 20875  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

4. FEI Number 65-0808060

Applied For  
Not Applicable

Zip  
33406

Country  
USA

Zip  
33416-0875

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name MARIO G. DEL VALLE  
Street Address (P.O. Box Number is Not Acceptable)  
2669 FOREST HILL BLVD #101  
City WEST PALM BEACH FL Zip Code 33406

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 MARIO G. DEL VALLE.

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

(NOTE: Registered Agent signature not required.)

04/16/2001

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, 2001 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

TITLE PD  
NAME DEL VALLE, MARIO G  
STREET ADDRESS 5951 WEST FLAGLER ST #8  
CITY-STATE-ZIP MIAMI FL 33144 ☐ Delete

TITLE VD  
NAME REDA, JOSE A  
STREET ADDRESS 7471 FILLMORE ST.  
CITY-STATE-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-STATE-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/01 (561) 432-1090

DATE

DAYTIME PHONE

CR2E034 (10/00)