

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91516 037 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 9800.000 2539**

1. Entity Name

MEDICAL DIAGNOSTIC SERVICES, INC.

87424

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

351 NW Le Jeune Rd.

3. Mailing Address

351 NW Le Jeune Rd.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0808060

Applied For

Not Applicable

Zip

33124

Country

Zip

33124

Country

5. Certificate of Status Desired.. ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **MARIO G. DEL VALLE**

Street Address (P.O. Box Number is Not Acceptable)
351 NW Le Jeune Rd #101

City **MIAMI**

FL

Zip Code
33124

**DO NOT WRITE
IN THIS SPACE**

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

04-18-02

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP

**MARIO G. DEL VALLE.
13250 SW 71st
MIAMI, FL 33183.**

TITLE
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CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

TAX-1

Corporate Finance 2

04-18-02 (605) 649-1370

CR2E034B (12/01)