

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007002

1. Entity Name

ALLMED DIAGNOSTIC SERVICES, CORP.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90048 025 \*\*\*150.00

Principal Place of Business

770 PONCE DE LEON BLVD.  
SUITE 223  
CORAL GABLES FL 33134

Mailing Address

770 PONCE DE LEON BLVD.  
SUITE 223  
CORAL GABLES FL 33134-2066

2. Principal Place of Business

159 NW 18th COURT

Suite, Apt. #, etc.  
Miami, FL

City & State

Zip  
33125

Country  
U.S.A.

3. Mailing Address

159 NW 18th

Suite, Apt. #, etc.  
Miami, FL

City & State

Zip  
FL

Country  
33125



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0806178

Applied For

Not Applicable

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

ALONSO, JOSE R  
159 N.W. 18TH COURT  
MIAMI FL 33125

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALONSO, MARIA 157 N.W. 18TH COURT MIAMI FL 33125	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALONSO, ALINA 159 N.W. 18TH COURT MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALONSO ALINA 157 NW 18th Miami, FL 33125 (P.S.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

03-08-2000 315-631-0696

Date

Daytime Phone #

CR2E034 (9/99)