2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P98000030933 **B & J DIAGNOSTIC CENTER INC.** 02-05-2000 90016 007 ***150.00 Principal Place of Business Mailing Address 7511 NW 73RD ST 7511 NW 73RD ST SUITE 108 SUITE 108 MIAMI FL 33166-2403 **MIAMI FL 33166** 710394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0826641 Not 4 Country Zip Country Zip \$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 BARRIOS, ERASMO Street Address (P.O. Box Number is Not Acceptable) 7511 N.W. 73RD ST SUITE 108 **MIAMI FL 33166** Zip Code FL 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE ☐ Delete BARRIOS, ERASMI NAME STREET ADDRESS STREET ADDRESS (6970) NW - 110 TERR CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change ☐ Addition ☐ Defete TITLE TITLE 15970 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP Delete --TITLE Addition TITLE: . Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 it 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 chapter 607, or an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: 2

SALUE CALLED THE BARRIOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/00 (305)889-3433