

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055178

1. Entity Name  
**A & L MEDICAL IMAGES, INC.**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
04-23-2001 90193 042 \*\*\*150.00

Principal Place of Business  
**5367 LUDLAM ROAD  
MIAMI FL 33155**

Mailing Address  
**5367 LUDLAM ROAD  
MIAMI FL 33155**



2. Principal Place of Business  
**9370 SW 92nd St A106**

3. Mailing Address  
**9370 SW 72nd St A106**

Suite, Apt. #, etc.  
**A106**

City & State  
**MIAMI FLA**

City & State  
**MIAMI FLA**

Zip  
**33173**

Country  
**USA**

Zip  
**33173**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0846425**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOLOVE, ROBERT A ESQ.  
9500 SOUTH DADELAND BLVD.  
SUITE 450  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name  
**Same**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST TAMAYO, LOUIS M 7707 CAMINO REAL B105 MIAMI FL 33143</b> <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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 19.07(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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)