

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90159 049 ***150.00

DOCUMENT # P98000055178



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

Principal Place of Business
**9370 SW 72ND ST
MIAMI FL 33173**

Mailing Address
**9370 SW 72ND ST
A106
MIAMI FL 33173**

2. Principal Place of Business

9370 S.W. 72 STREET

Suite, Apt. #, etc.

A-150

City & State

MIAMI, FL

Zip

33173

Country

USA

3. Mailing Address

9370 S.W. 72 STREET

Suite, Apt. #, etc.

A-150

City & State

MIAMI, FL

Zip

33173

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **RDMS** ☐ Delete
NAME **TAMAYO, LOUIS M**
STREET ADDRESS **14305 SW 96 STREET #603**
CITY-ST-ZIP **MIAMI FL 33186-1308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MICHELLE L. ESPINET**
STREET ADDRESS **14020 S.W. 49 STREET**
CITY-ST-ZIP **MIAMI, FL 33175**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03 (305) 275-5500

Date

Daytime Phone #

CR2E034 (10/02)