

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055183

1. Entity Name

SOUTH FLORIDA DIAGNOSTIC SERVICES INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90028 005 ***158.75

Principal Place of Business

Mailing Address

4355 W 16 AVE
204-A
HIALEAH FL 33012
US

4355 W 16 AVE
204-A
HIALEAH FL 33012-7666
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4355 W 16 Ave

3. Mailing Address

4355 W 16 Ave

Suite, Apt. #, etc.

204-A

Suite, Apt. #, etc.

204-A

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0841877

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

RODRIGUEZ, NANCY
4355 W 16 AVE
STE 204-A
HIALEAH FL 33012

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
PSTD
RODRIGUEZ, NANCY
9191 FOUNTAINBLEAU BLVD. # 11
MIAMI FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RODRIGUEZ, NANCY
9191 FOUNTAINBLEAU BLVD # 2
MIAMI FL 33172

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00

Date

(305) 825-8185

Daytime Phone #

CR2E034 (9/99)