

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055183

1. Entity Name

SOUTH FLORIDA DIAGNOSTIC SERVICES INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90090 036 \*\*\*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  
US

2. Principal Place of Business

4355 W 16 Ave  
Suite, Apt. #, etc.  
204-A

3. Mailing Address

4355 W 16 Ave  
Suite, Apt. #, etc.  
204-A

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

USA

Zip

33012

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0843877

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

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, 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  
PSTD  
RODRIGUEZ, NANCY  
9191 FOUNTAINBLEAM BLVD #2  
MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

Date

Daytime Phone #

CR2E034 (10/00)