

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90428 030 \*\*\*150.00

**DOCUMENT # P98000060974**

1. Entity Name  
**J & L DIAGNOSTIC CENTER CORP.**

Principal Place of Business 7511 NW 73 ST #103 MIAMI FL 33166	Mailing Address 7511 NW 73 ST #103 MIAMI FL 33166
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2. Principal Place of Business <b>1281 EAST 10th AVE</b>	3. Mailing Address <b>256 N.W. 42 AVE</b>
Suite, Apt. #, etc. <b>SUITE 53</b>	Suite, Apt. #, etc.

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0850459</b>	Applied For Not Applicable
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Zip <b>33010</b>	Country <b>DADE</b>	Zip <b>33126</b>	Country <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>RUBIO, JOSE F</b> <b>7511 NW 73 ST</b> <b>#103</b> <b>MIAMI FL 33166</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *X Jose F. Rubio* DATE **3/8/2001**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUBIO, JOSE F</b> <b>7511 NW 73 ST #103</b> <b>MIAMI FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *X Jose F. Rubio* DATE **3/8/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0207804

CR2E034 (10/00)