

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90054 044 \*\*\*150.00

**913557**

**DOCUMENT # P98000061162**

1. Entity Name

**AMERICAN DIAGNOSTIC INSTITUTE, INC.**

Principal Place of Business

Mailing Address

5440 N STATE RD 7, SUITE 220  
 FT LAUDERDALE FL 33319

5440 N STATE RD 7, SUITE 220  
 FT LAUDERDALE FL 33319-2900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0850488**

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75**  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVEIRA, AMILCAR LUIS**  
**5440 N STATE RD 7, SUITE 220**  
**FT LAUDERDALE FL 33319**

Name **HUMBERTO L. BOGANI**

Street Address (P.O. Box Number is Not Acceptable)  
**5440 N. STATE RD. 7, Suite 220**

City **FT-Lauderdale**

**FL**

Zip Code **33311**

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

*Humberto L. Bogani*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/00**

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**  
 Add to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME	<b>P</b>	
STREET ADDRESS	<b>BOGANI, HUMBERTO</b>	
CITY-ST-ZIP	<b>9361 SW 163 PLACE</b>	
	<b>MIAMI FL 33196</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>V</b>	
STREET ADDRESS	<b>HERNANDEZ, WINSTON</b>	
CITY-ST-ZIP	<b>12143 NW 59 ST</b>	
	<b>CORAL SPRINGS FL 33076</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Humberto L. Bogani Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/31/00** **730-815**