2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an add

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May 24, 2002 8:00 am Secretary of State DOCUMENT # P98000061162 1. Entity Name 05-24-2002 91319 007 ***158.75 AMERICAN DIAGNOSTIC INSTITUTE, INC. Principal Place of Business Mailing Address 9380 S.W. 72 ST., #B-220-A 9380 S.W. 72 ST., #B-220-A MIAM1 FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0850488 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name **BOGANI, HUMBERTO** Street Address (P.O. Box Number is Not Acceptable) 9380 S.W. 72 ST., #B-220-A **MIAMI FL 33173** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition **BOGANI, HUMBERTO** NAME NAME 9361 SW 163 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 on the property of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee on the property of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee on the property of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee on the property of the corporation of the receiver or trustee on the property of the corporation of the receiver or trustee on the property of the corporation of the receiver or trustee on the property of the corporation of the receiver or trustee on the property of the corporation of the receiver or trustee on the property of the corporation of the receiver or trustee on the property of the corporation of the receiver of the property of the corporation of the receiver of the property of the p

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