

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90162 024 \*\*\*150.00

**DOCUMENT # P98000098445**

1. Entity Name  
**MILLENNIUM DIAGNOSTIC IMAGING CENTER, INC.**

Principal Place of Business

434 SW 12 AVENUE  
 SUITE #100  
 MIAMI FL 33135

Mailing Address

434 SW 12 AVENUE  
 SUITE #100  
 MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0905210**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, LAZARO A**  
**434 SW 12 AVENUE**  
**SUITE #100**  
**MIAMI FL 33135**

Name **GARCIA, JOSE A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**434 SW 12 AVE**  
**SUITE 100**  
 City **Miami** FL Zip Code **33135**

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

**JOSE A. GARCIA**

**04/10/01**

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	PD	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, LAZARO A</b>	
STREET ADDRESS	<b>3749 SW 149TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	<b>GARCIA, JOSE A</b>	
STREET ADDRESS	<b>10397 SW 88TH ST. #W2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

**JOSE A. GARCIA**

**04/10/01**

**(305) 643-3565**

Date Daytime Phone #

CR2E034 (10/00)