

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90053 022 ***150.00

DOCUMENT # P99000007801

1. Entity Name
DIAGNOSTIC IMAGE OF AMERICA, INC.

Principal Place of Business 8000 W. FLAGLER ST., SUITE 201 MIAMI FL 33144	Mailing Address 8000 W. FLAGLER ST., SUITE 201 MIAMI FL 33144-2153
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8080 W Flagler ST, Suite, Apt. #, etc. Suite 3B City & State Miami FL	3. Mailing Address 8080 W. Flagler ST Suite, Apt. #, etc. Suite 3B City & State Miami FL	4. FEI Number 65-0978841	Applied For <input type="checkbox"/> Not Applicable
Zip 33144	Country US	Zip 33144	Country US

6. Name and Address of Current Registered Agent ALMEIDA, YVETTE 8000 W. FLAGLER ST., SUITE 201 MIAMI FL 33144	7. Name and Address of New Registered Agent Name ALMEIDA, Yvette Street Address (P.O. Box Number is Not Acceptable) 8080 W Flagler ST, Suite 3B City MIAMI FL Zip Code 33144
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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 _____ (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, 2000 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	D ALMEIDA, YVETTE 8000 W. FLAGLER ST., SUITE 201 MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, Yvette 8080 W. Flagler ST - 3-B MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Yvette Almeida 4-12-00 305-266-1818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)