

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90061 002 ***150.00

DOCUMENT # P99000009126

1. Entity Name

DIAGNOSTIC CARDIAC SONOGRAPHY, INC.

Principal Place of Business

7301 SW 148TH COURT
 MIAMI FL 33193

Mailing Address

7301 SW 148TH COURT
 MIAMI FL 33193

2. Principal Place of Business

~~7301 SW 148TH COURT~~ OFFICES
 OUT OF: 7301 SW 148TH CT

3. Mailing Address

7301 SW 148TH CT

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0913839

Applied For

Not Applicable

Zip

33193

Country

USA

Zip

33193

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARY J	
STREET ADDRESS	7301 SW 148TH COURT	
CITY-ST-ZIP	MIAMI FL 33193	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

P 99 00000 9126

00682199

To Whom It May Concern,

I recently spoke to your office and explained that I have just recently finished doing my taxes, and it was then that my accountant asked me about my business account. I explained to him as I did to your office that I never received a report in April or at any time in which a fee was asked for, or any type of report.

I was told by the person from your office to put this in writing and send a check for the sum of \$150.00, along with the report that I now received.

I greatly appreciate your assistance with this matter.

Any questions you can reach me at my home phone number of:305-388-1283.

Thank you,

Mary J. Rodriguez
Mary J. Rodriguez
Diagnostic Cardiac Sonography
7301 s.w.148th. Court
Miami, FL 33193