

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 015 ***150.00

DOCUMENT # P990000091260 ✓

1. Entity Name

Diagnostic Cardiac Sonography Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7301 S.W. 148 ct.
Suite, Apt. #, etc.

3. Mailing Address
7301 S.W. 148 ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FCI Number
65-0913839

Applied For
Not Applicable

Zip
33193 Country
Dade

Zip
33193 Country
Dade

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

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7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.

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

City
Coral Gables, Florida Zip Code
33134

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 Mary J. Rodriguez
Signature, typed or printed name of registered agent and/or, 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)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
PSTD
NAME
Mary J. Rodriguez
STREET ADDRESS
7301 SW 148 ct. Miami Fl 33193
CITY - ST - ZIP

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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 on an attachment with an address, with all other like employed.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary J. Rodriguez

Date
4/21/02

Date

Daytime Phone #