

**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  
Zip 33193 Country Dade

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Zip 33193 Country Dade

4. FCI Number: 65-0913839  
Applied For:  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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  
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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 or without other like employment.

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

Date 4/21/02

Date

Daytime Phone #