2000 UNIFORM BUSINESS REPORT (UBR) May 15, 2000 8:00 am Secretary of State DOCUMENT # P99000015967 YAIMA DIAGNOSTIC CENTER, INC. 01-29-2000 90026 004 ***150.00 Mailing Address Principal Place of Business 14729 SW 38TH ST 14729 SW 38TH ST MIAM! FL 33185-3906 **MIAMI FL 33185** 2. Principal Place of Business. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0899812 Not Applicable = -- Zip - - - - Country -- Zip-- ----- Country -\$8:75 Additional -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELGADO, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 14729 SW 38TH ST **MIAMI FL 33185** City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. □.... ☐ Change ☐ Delete TIDE TITLE DELGADO, ROBERTO NAME NAME STREET ADDRESS 14729 SW 38TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185. Change Oelete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete me Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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 material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management of the corporation of the receiver or material management or material manage

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

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GNETURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

☐ Change