2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
03-26-2001 90149 004 ***150.00

DOCUMENT # P99000019874

1. Entity Name
MEYER DIAGNOSTIC CENTER CORP.

Principal Place of Business	Mailing Address
10550 NW 77TH COURT SUITE 309 HIALEAH GARDENS FL 33018	10550 NW 77TH COURT SUITE 309 HIALEAH GARDENS FL 33018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0902640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, SERGIO
10550 NW 77 CT
HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent

Name: Zoila Azpeitia
Street Address (P.O. Box Number is Not Acceptable): 14365 Lake Candlewood Court
City: Miami Lakes, FL Zip Code: 33014

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: _____ 4-18-01
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 $150.00
After MAY 1, 2001 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 AZPEITIA, ZOILA 14365 LAKE CANDLEWOOD COURT MIAMI LAKES FL 33014	☐ Delete	P Azpeitia, Zoila 14365 Lake Candlewood Court Miami Lakes, Fl 33014	☒ Change	☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA, SERGIO 1407 W. 38TH PLACE HIALEAH FL 33012	☒ Delete		☐ Change	☐ Additio
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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)(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: _____ President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Zoila Azpeitia — Date: 3/6/01 — Daytime Phone #: (305) 824-0881