2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90091 046 ***150.00

DOCUMENT # P--99000024157

1\. MIAMI DADE DIAGNOSTIC SERVICE, Inc.

Principal Place of Business | Mailing Address

7511 N.W. 73 St. # 111
Miami, FL 33165

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4\. FEI Number 65-0918800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Franklin Palma 875 E. 52 St., Hialeah, FL 33013	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\. Corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See instruction 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	
P.D. Franklin Palma 875 E. 52 St., ~~Hialeah, FL 33013~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Franklin Palma