

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027778

1. Entity Name
EULOGIA'S DIAGNOSTIC MEDICAL CENTER, INC.

Principal Place of Business
1800 SW 1ST ST., STE. 321
MIAMI FL 33135

Mailing Address
1800 SW 1ST ST., STE. 321
MIAMI FL 33135

2. Principal Place of Business
1800 SW 1ST STREET
Suite, Apt. #, etc. 102

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
Miami FL 33135

City & State

4. FEI Number
65-0903817

Applied For

Not Applicable

Zip 33135 Country DIADE

Zip

Country

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

6. Name and Address of Current Registered Agent

PEREZ, JUAN C
4773 E. 9TH LANE
HIALEAH FL 33013

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Juan C. Perez President 8/30/02
Signature, typed or printed name and title of officer or director
(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P PEREZ, JUAN C 4773 E 9 LN HIALEAH FL 33013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUESTED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEREZ

8/30/02 305-643-5800
Daytime Phone #

Attachment

677652

P9000027778

August 29th, 2002

Florida Department of State
Division of Corporations

Re: Uniform Business Report 2002
Eulogia's Diagnostic Center, Inc.
1800 SW 1st street, Suite 102
Miami, FL 33135

Dear Agents:

Our corporation, Eulogia's Diagnostic Medical Center, Inc. moved from suite 321 to Suite 102 within the same address at the beginning of this year. As a result of that action a lot of correspondence get lost, apparently because the new tenant did not care properly about them. Among that lost correspondence was the Uniform Business Report for 2002 (a document we were not completely familiar with) and we did not receive it. However, since we want to follow rules and regulations in a strict manner we called your agency and were directed to send this letter and explain the reason why we are filing late.

Consequently, we are sending this explanatory letter, the UBR form filled properly and a check for \$150.00 USD to fully comply with Florida law. We hope this action settle this matter.

We do appreciate your understanding and help in this issue.

Best Regards

Juan Carlos Pérez
President of Eulogia's DMC
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