

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047309

1. Entity Name

DIAGNOSTIC MOBILE CENTER INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90267 046 ***150.00

Principal Place of Business

1393 SW 1ST STREET
 SUITE 410
 MIAMI FL 33135

Mailing Address

1393 SW 1ST STREET
 SUITE 410
 MIAMI FL 33135

2. Principal Place of Business

1393 SW 1ST
 SUITE 410

3. Mailing Address

1393 SW 1ST
 SUITE #410

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

33135

DADE

33135

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINON, SERGIO
 1393 SW 1ST STREET
 SUITE 410
 MIAMI FL 33135

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

SERGIO PINON President

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 ☐ Delete
 NAME D
 STREET ADDRESS PINON, SERGIO
 CITY-ST-ZIP 1393 SW 1ST STREET
 MIAMI FL 33135

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SERGIO PINON
 STREET ADDRESS 1393 SW 1ST
 CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 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:

SERGIO PINON President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/01 305 643-5252

CR2E034 (10/00)