

2001 UNIFORM BUSINESS REPORT (UBR)

2/7/0

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-07-2001 90175 038 ***150.00

DOCUMENT # P99000067027

1. Entity Name
DIAGNOSTIC SUPPORT SERVICES, INC.

Principal Place of Business

Mailing Address

215 SW 17 AVE
216-A

215 SW 17 AVE
216-A

MIAMI, FL 33135

MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

215 SW 17 Ave

215 SW 17 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 315

Suite 315

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33135

USA

33135

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0944572**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MENDEZ, ROBERT
215 SW 17 AVE
STE 216-A
MIAMI FL 33135

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. 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 **P**
NAME **MENDEZ, ROBERT**
STREET ADDRESS **215 SW 17 AVE STE 315**
CITY-ST-ZIP **MIAMI FL 33135**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Robert Mendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

Date

(305) 854-7774

Daytime Phone #

CR02034 (10/00)