FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90037 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068319

1. Entity Name: TRANS-IMAGING Diagnostic Medical Center, Corp.

Principal Place of Business: 42 NW. 27 Ave Suite 304A. Miami, Fl 33125

Mailing Address: 42 NW 27 Ave Suite 304A. Miami, Fl 33125

658738

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: 65-1008407 ☐ 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
MARILYN LORENZO 11716 SW 143 Ave Miami, Fl 33186.	Name: MARILYN LORENZO Street Address (P.O. Box Number is Not Acceptable): 11716 SW 143 Ave Miami Florida City FL Zip Code 33186.

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] 4/20/2001
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	PD LORENZO, JOSE W 11716 SW. 143 Ave MIAMI, Fl 33186 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORENZO, MARILYN 11716 SW 143 Ave Miami, Fl 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LORENZO, MARILYN 11716 SW. 143 Ave MIAMI, Fl 33186. ☒ Change ☐ Addition
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CR2E034 (11/00)

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] 4/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #