FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -1 AM 9:45 DOCUMENT # P99000068319 1. Entity Name TRANS-IMAGING DIAGNOSTIC MEDICAL CENTER, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 900008760389 3. Mailing Address 42 NW 27TH AVE 2. Principal Place of Business **42 NW 27TH AVE.** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 304A 304A City & State MIAMI, FL City & State Applied For 4. FEI Number MIÁMI, FL 65-1008407 Not Applicable Country Zip 33125 Zip 33125 Country U.S.A. \$8.75 Additional 5. Certificate of Status Desired U.S.Á. Fee Required 7. Name and Address of Current Registered Agent MARILYN LORENZO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 42 NW 27TH AVE. - STE. 304A City MIAMI 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 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E034R (12/01) PD NAME JOSE W. LORENZO STREET ADDRESS STREET ADDRESS 11716 SW 143RD AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FI 33188 TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE IIILE NAME NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME WALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIRE NAME NAME STREET ADDRESS STREET AUDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

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TRANS-IMAGING DIAGNOSTIC MEDICAL CENTER, CORP. 42 NW 27th AVENUE – SUITE 304A MIAMI, FL. 33125

October 28, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32302-1500

Dear Sir or Madam,

Please find enclosed my Corporation's check No. 1299 in the amount of \$150.00 to cover fee due for the current year.

We have just noted that our Corporation has not been renewed for the current year, because we did not receive the usual Uniform Business Report. Reason for not receiving it was because you have not changed our Corporation's address to the new principal place of business and mailing address as shown in our 2001 Uniform Business Report (copy attached) and in your records still remains our old address in 717 Ponce de Leon Blvd.

We shall highly appreciate if you renew our Corporation correcting your records accordingly for the future.

Sincerely,

Marilyn Lorenzo

Trans-Imaging Diagnostic Medical Center, Inc.