

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000068319

02 NOV -1 AM 9:45

1. Entity Name

TRANS-IMAGING DIAGNOSTIC MEDICAL CENTER, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

900008760389
11/01/02--01073--021 **150.00

2. Principal Place of Business
42 NW 27TH AVE.

3. Mailing Address
42 NW 27TH AVE.

Suite, Apt. #, etc.
304A

Suite, Apt. #, etc.
304A

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-1008407

Applied For
Not Applicable

Zip
33125

Country
U.S.A.

Zip
33125

Country
U.S.A.

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARILYN LORENZO

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

42 NW 27TH AVE. - STE. 304A

City
MIAMI

FL Zip Code
33125

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)

10/28/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE W. LORENZO 11716 SW 143RD AVE. MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE W. LORENZO

10/28/02

Date

Daytime Phone #

CR2034B (12/01)

2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # 0990000068319
1. Entity Name
 TRANS-IMAGING Diagnostic Medical Center Corp.

Principal Place of Business
 42 NW 27th Ave Suite 304A
 Miami, FL 33125

Mailing Address
 42 NW 27th Ave Suite 304A
 Miami, FL 33125

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 05-1008407

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

6. Name and Address of Current Registered Agent
 MARILYN LORENZO
 11716 SW 143 AVE
 Miami, FL 33186

7. Name and Address of New Registered Agent
 Name: MARILYN LORENZO
 Street Address (P.O. Box Number is Not Applicable): 11716 SW 143 AVE
 City: Miami FL 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] DATE: 4/25/2001

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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	LORENZO, LORE W	TITLE	
NAME	LORENZO, MARILYN	NAME	LORENZO, MARILYN AD
STREET ADDRESS	11716 SW 143 AVE	STREET ADDRESS	11716 SW 143 AVE
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	MIAMI, FL 33186
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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)(f), 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 resolver 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 the empowered.
 SIGNATURE: [Signature] DATE: 4/25/2001

658738

DO NOT WRITE IN THIS SPACE

052004 (1/00)

7/1/01

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

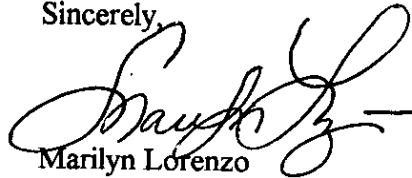
Dear Sir or Madam,

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.