

2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-25-2000 90096 042 ***150.00

DOCUMENT # P99000082848

1. Entity Name
MIAMI DADE DIAGNOSTIC CENTER, INC.

Principal Place of Business
 110 HIALEAH DRIVE
 HIALEAH FL 33010

Mailing Address
 110 HIALEAH DRIVE
 HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

65-0948825

65-0948825

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, VLADIMIR
 110 ~~101~~ HIALEAH DRIVE
 HIALEAH FL 33010

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: PD
 NAME: MORALES, VLADIMIR Delete
 STREET ADDRESS: ~~101~~ HIALEAH DRIVE
 CITY-ST-ZIP: HIALEAH FL 33010

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

TITLE: VD
 NAME: ROMAN, MERCY Delete
 STREET ADDRESS: ~~101~~ HIALEAH DRIVE
 CITY-ST-ZIP: HIALEAH FL 33010

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF VLADIMIR MORALES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/00 889-1107