

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000093462**

1. Entity Name

**DIAGNOSTICS INSURANCE VERIFICATION & AUTHORIZATION SERVICES, INC.**

Principal Place of Business

**6820 WINGED FOOT DRIVE****MIAMI**  
**33015****FL**

Mailing Address

**6820 WINGED FOOT DRIVE****MIAMI**  
**33015****FL**2. Principal Place of Business  
**801 S. UNIVERSITY DRIVE**3. Mailing Address  
**801 S. UNIVERSITY DRIVE**Suite, Apt. #, etc.  
**STE K103A**Suite, Apt. #, etc.  
**STE K103A**City & State  
**PLANTATION****FL**City & State  
**PLANTATION****FL**Zip  
**33324**Country  
**US**Zip  
**33324**Country  
**US**

4. FEI Number

**65-0956843**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE****CORAL GABLES**  
**33134****US****FL**

## 7. Name and Address of New Registered Agent

Name

**MARIO R. DELGADO, P.A.**

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

**2151 S. LEJEUNE ROAD****STE 202**

City

**CORAL GABLES****FL**Zip Code  
**33134**

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 **MARIO R. DELGADO**

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

(NOTE: Registered Agent signature required when reinstating)

**04/25/2000**

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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**ACOSTA NELSON**  
**6820 WINGED FOOT DRIVE**  
**MIAMI** **FL 33015** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**ACOSTA NELSON**  
**801 S. UNIVERSITY DR., STE K103A**  
**PLANTATION** **FL 33324** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: NELSON ACOSTA

PSTD: 04/25/2000