

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90074 029 ***150.00

DOCUMENT # P99000093462

1. Entity Name

DIAGNOSTICS INSURANCE VERIFICATION & AUTHORIZATION SERVICES, INC.

Principal Place of Business

801 S. UNIVERSITY DRIVE
 STE K103A
 PLANTATION FL 33324
 US

Mailing Address

801 S. UNIVERSITY DRIVE
 STE K103A
 PLANTATION FL 33324
 US

2. Principal Place of Business

3. Mailing Address

2000 Ponce De Leon Blvd

2000 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

#102

City & State

City & State

Coral Gables FL

Coral Gables FL

Zip

Zip

Country

Country

33134

33134

4. FEI Number

65-0956843

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

MARIO R. DELGADO, P.A.
 2151 S. LEJEUNE ROAD
 STE 202
 CORAL GABLES FL 33134

Name

Mario R. Delgado, P.A.

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

2000 Ponce De Leon Blvd.

#102

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$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
 PSTD
 ACOSTA, NELSON
 801 S. UNIVERSITY DR., STE K103A
 PLANTATION FL 33324

☐ Delete

TITLE
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TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)