

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

DOCUMENT # P99000106212

1. Entity Name

MELROSE DIAGNOSTIC CENTER, INC.



FILED

03 FEB 13 AM 9:29

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2003 AMENDED

2. Principal Place of Business
13205 SW 137 AVE.

Suite, Apt. #, etc.
SUITE 201

City & State
MIAMI, FLORIDA

Zip
33186

Country
U.S.A.

3. Mailing Address
14242 SW 160 TERRACE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33186

Country
U.S.A.

4. FEI Number
65-0979224

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WILLIAM ALVAREZ

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

14242 SW 160 TERRACE

City MIAMI

FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D/P/S	ALVAREZ, WILLIAM	14242 SW 160 TERRACE	MIAMI, FLORIDA 33186
D/V.P./T	MEDINA, RAFAEL J.	18368 SW 154 ST.	MIAMI, FLORIDA 33186

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)