FROM : PHONE NO. : Sep. 28 2000 05:47PM P1

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106687

1. Entity Name

FLORIDA MEDICAL DIAGNOSTIC GROUP, INC.

FILED

00 OCT -2 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

REINSTATEMENT

Principal Place of Business | Mailing Address

2. Principal Place of Business: 3430 SW 75 AVE
Suite, Apt. #, etc.
City & State: MIAMI FLORIDA
Zip: 33155 Country: USA

3. Mailing Address: 3430 SW 75 AVE
Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA
Zip: 33155 Country: USA

4. FEI Number: 65-0966227 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEONARDO VIOTA-SESIN ESQ.
7159 SW 8 STREET
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: EFREN MENDEZ
Street Address (P.O. Box Number is Not Acceptable): 3430 SW 75th Ave.
City: MIAMI FL Zip Code: 33155

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 ____________ 09/29/00
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ROBERTO RIVERA MD 7050 NW 4 STREET PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EFREN MENDEZ VALDEZ MD 3430 SW 75 AVE MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003420010---5 -10/10/00---01011---025 ****750.00 ****750.00
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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: X ____________ X 09/29/00 X (305) 267-1639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #