

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90667 041 \*\*\*550.00

DOCUMENT # **P99000106687**

1. Entity Name

**FLORIDA MEDICAL DIAGNOSTIC GROUP, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**3430 S.W. 75 AVE.**

3. Mailing Address

**3430 S.W. 75 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. FEI Number  
**65-0966227**

Applied For  
 Not Applicable

Zip  
**33155**

Country  
**U.S.A.**

Zip  
**33155**

Country  
**U.S.A.**

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

**EFREN MENDEZ**  
**3430 S.W. 75TH AVENUE**  
**MIAMI, FL. 33155**

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 of individual or corporate officer or director of registered agent or other authorized person

(NOTE: Registered Agent signature required when reinstating)

DATE

**06/01/01**

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, 2001: 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD ROBERTO RIVERA MD 7050 NW 4 STREET PLANTATION, FL. 33317</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP EFREN MENDEZ 3430 SW 75TH AVENUE MIAMI, FL. 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 authorized persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/01/01**

Date

Daytime Phone #

CR2034 (11/00)