

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90044 022 ***150.00

DOCUMENT # P99000106687

1. Entity Name
FLORIDA MEDICAL DIAGNOSTIC GROUP, INC.

Principal Place of Business

3430 SW 75 AVE
MIAMI FL 33155

Mailing Address

3430 SW 75 AVE
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

1600 SW 71 ST

6800 SW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI - FL

4. FEI Number **65-0966227**

Applied For

Not Applicable

Zip **33155**

Country **USA**

Zip **33155-3708**

Country

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

MELENDEZ, EFREN
3430 SW 75 AVE
MIAMI FL 33155

Name **EFREN Melendez**

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

1600 SW 71 ST

City **MIAMI - FL**

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ **Delete**
NAME **RIVERA, ROBERTO MD**
STREET ADDRESS **7050 NW 4 STREET**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ **Delete**
NAME **MELENDEZ-VALDEZ, EFREN MD**
STREET ADDRESS **3430 SW 75 AVE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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

04/25/02 (305) 2671639

Date

Daytime Phone #

CR2E034 (9/01)