

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # S95467

1. Entity Name

RACSO DIAGNOSTIC, INC.

02 NOV 15 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7815 CORAL WAY

3. Mailing Address  
7815 CORAL WAY

Suite, Apt. #, etc.  
105

Suite, Apt. #, etc.  
105

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65-0296633

Applied For  
Not Applicable

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

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 ~~PELAYO O. RUBIDO~~ *Carmen Vazquez*

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

7815 CORAL WAY, STE. 105

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

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
~~PELAYO O. RUBIDO~~  
7815 CORAL WAY, STE. 105, MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
*Carmen Vazquez*  
7815 Coral Way Ste 105  
Miami, FL 33155  
800009011268  
11/15/02--01004--001 \*\*70.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E034B (12/01)

RACSO DIAGNOSTIC, INC.  
7815 CORAL WAY, STE. 105  
MIAMI, FL 33155  
305-261-8010

October 28, 2002

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Reference: Document No. S95467

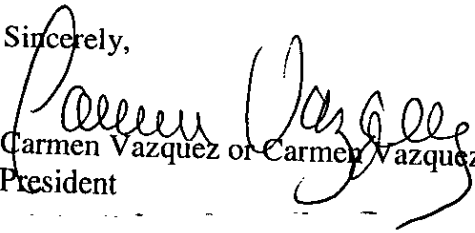
Dear Sir or Madam:

I hereby submit paperwork, applicable fees, and supporting documentation requesting change of ownership, change of officers, and change of registered agent for the above referenced corporation.

Please be aware that my husband, Pelayo O. Rubido, passed away on 07/14/02 and the Circuit Court of Miami Dade County has appointed me, his wife, as the authorized representative to continue acting for Racso Diagnostic, Inc. in the ordinary course of business.

Please update records as needed. Should you need any additional information on this matter, please do not hesitate to contact me.

Sincerely,

  
Carmen Vazquez or Carmen Vazquez de Rubido  
President

Enclosures: