2000 UNIFORM BUSINESS REPORT (UBR)

4/21/00

DOCUMENT # V54391

1. Entity Name

PLUS CARE DIAGNOSTIC INC

FILED

00 APR 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7801 Coral Way STE 117	P.O. Box 44-1759
Miami FL 33155	Miami FL 33144

2. Principal Place of Business	3. Mailing Address	
	P.O. Box 44-1780	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State: Miami FL	
Zip / Country	Zip: 33144	Country: DADE

DO NOT WRITE IN THIS SPACE

4/21/00 90096/001 $150.00

4. FEI Number 65-0348989 ☐ Applied For ☐ Not Applicable

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
Penalver, Carlos	Name
10410 NW 131 ST	Street Address (P.O. Box Number Is Not Acceptable)
Hialeah Garden FL 33018	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, 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	PVSTD Penalver Carlos 10410 NW 131ST Hialeah Garden FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] REQUIRED 4/21/00 (305) 826-0235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/27