

No. 20 0025677

**FORMULARIO UNICO DE ACTUALIZACION**

|    |  |                                   |  |   |  |                |  |   |  |            |  |    |     |           |   |   |    |    |                                       |     |   |     |   |    |   |                      |   |    |            |  |           |   |   |   |   |
|----|--|-----------------------------------|--|---|--|----------------|--|---|--|------------|--|----|-----|-----------|---|---|----|----|---------------------------------------|-----|---|-----|---|----|---|----------------------|---|----|------------|--|-----------|---|---|---|---|
| 01 |  | RAZON O DENOMINACION SOCIAL       |  |   |  |                |  |   |  |            |  | 02 | RUC |           | 0 | 9 | 9  | 0  | 9                                     | 8   | 5 | 9   | 5 | 2  | 0 | 0                    | 1 | 03 | EXPEDIENTE |  | 5         | 7 | 0 | 0 | 7 |
| 01 |  | CLINICA DEL MEDICO DIAGMED S.A.   |  |   |  |                |  |   |  |            |  |    |     |           |   |   |    |    |                                       |     |   |     |   |    |   |                      |   |    |            |  |           |   |   |   |   |
| 04 |  | PROVINCIA                         |  |   |  |                |  |   |  |            |  | 05 |     | CANTON    |   |   |    |    | CIUDAD                                |     |   |     |   |    |   |                      |   |    | 06         |  | PARROQUIA |   |   |   |   |
| 04 |  | GUAYAS                            |  |   |  |                |  |   |  |            |  | 05 |     | GUAYAQUIL |   |   |    |    | GUAYAQUIL                             |     |   |     |   |    |   |                      |   |    | 06         |  | TARQUI    |   |   |   |   |
| 09 |  | CALLE                             |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 09 |    | NUMERO                                |     |   |     |   | 10 |   | TELEFONO:            |   |    |            |  |           |   |   |   |   |
| 09 |  | PADRE SOLANO                      |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 09 |    | 1706                                  |     |   |     |   | 10 |   | FAX:                 |   |    |            |  |           |   |   |   |   |
| 11 |  | INTERSECCION                      |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 12 |    | EDIFICIO C. COMERCIAL                 |     |   |     |   | 13 |   | PISO, DEPTO, OFICINA |   |    |            |  |           |   |   |   |   |
| 11 |  | los rios                          |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 12 |    | ---                                   |     |   |     |   | 13 |   | P.B.                 |   |    |            |  |           |   |   |   |   |
| 14 |  | ACTIVIDAD ECONOMICA PRINCIPAL     |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 15 |    | COD. ACTIV.                           |     |   |     |   | 16 |   | EMAIL                |   |    |            |  |           |   |   |   |   |
| 14 |  | DISTRIBUIDOR DE ARTICULOS MEDICOS |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 15 |    | 6   1   9   0   2                     |     |   |     |   | 16 |   | ---                  |   |    |            |  |           |   |   |   |   |
| 17 |  | REPRESENTANTE LEGAL               |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 18 |    | CEDULA                                |     |   |     |   | 19 |   | CARGO                |   |    |            |  |           |   |   |   |   |
| 17 |  | KLEBER RICHARD PALACIOS NARANJO   |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 18 |    | 0   9   0   6   0   0   1   5   8   1 |     |   |     |   | 19 |   | GERENTE              |   |    |            |  |           |   |   |   |   |
| 20 |  | PERSONAL OCUPADO                  |  |   |  |                |  |   |  |            |  |    |     |           |   |   | 21 |    | AUDITOR EXTERNO                       |     |   |     |   | 22 |   | R.N.A.E.             |   |    |            |  |           |   |   |   |   |
| 20 |  | DIRECCION                         |  | 1 |  | ADMINISTRACION |  | 4 |  | PRODUCCION |  | -  |     | OTROS     |   | - |    | 21 |                                       | --- |   | --- |   |    |   |                      |   |    |            |  |           |   |   |   |   |

**B.- NOMINA DE SOCIOS O ACCIONISTAS 2/.**

[illegible]

1/: Codificación de la Inversión Extranjera      1: Inversión Extranjera Directa    2: Inversión Subregional    3: Inversión Neutra    4: Inversión de extranjeros calificada como Nacional

**TOTAL**

2/ Si tiene más accionistas favor anexar las hojas necesarias bajo este formato

NOTA: EL PRESENTE FORMULARIO NO SE ACEPTARA CON ENMENDADURAS O TACHONES

FECHA DE PRESENTACION

|     |   |   |   |     |   |     |   |
|-----|---|---|---|-----|---|-----|---|
| AÑO |   |   |   | MES |   | DÍA |   |
| 2   | 0 | 0 | 2 | 0   | 7 | 0   | 8 |

**ORIGINAL: SUPERINTENDENCIA DE COMPAÑÍAS**

**POLIGRÁFICA C.A. - R.U.C.: 0990158436001 - Resolución: 0231 - 27 / 03 / 02**

FIRMA DEL REPRESENTANTE LEGAL