

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H16626

1. Entity Name

DIAGNOSTIC SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90461 025 ***150.00

Principal Place of Business

Mailing Address

C/O THOMAS R. BROWN
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

C/O THOMAS R. BROWN
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112-4885

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2444103

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

BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

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, 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, 2000 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 PD ☐ Delete

NAME CRONE, WILLIAM G.
STREET ADDRESS 350 7 ST NORTH
CITY-ST-ZIP NAPLES FL

TITLE D ☐ Delete

NAME HOWARD, HUBERT E.
STREET ADDRESS 350 7 ST NORTH
CITY-ST-ZIP NAPLES FL

TITLE STD ☐ Delete

NAME MORTON, EDWARD A.
STREET ADDRESS 350 7 ST NORTH
CITY-ST-ZIP NAPLES FL

TITLE CD ☒ Delete

NAME GAMBLE, DELORES
STREET ADDRESS 350 7TH ST NO
CITY-ST-ZIP NAPLES FL

TITLE D ☐ Delete

NAME MYERS, RICHARD C
STREET ADDRESS 350 7TH STREET NO.
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ Delete

NAME PRESTON, ERNEST
STREET ADDRESS 350 7TH ST NO
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Chairperson ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Asst. Sec. ☐ Change ☒ Addition

NAME Pobletts, Cynthia
STREET ADDRESS 350 7th Street No.
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Edward A. Morton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-436-5000

CR2E034 (9/99)