

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90100 038 \*\*\*150.00

**DOCUMENT # P97000067817**

1. Entity Name

**PHYSICIANS DIAGNOSTIC SYSTEMS, INC.**

Principal Place of Business	Mailing Address
1840 CORAL WAY #203 MIAMI FL 33145 US	1840 CORAL WAY #203 MIAMI FL 33145-2748 US

000113



DO NOT WRITE IN THIS SPACE

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 **65-0772181**  Applied For  Not Applied For

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CARROLL, MARK M**  
**ONE BISCAYNE PLACE, SUITE 403**  
**11098 BISCAYNE BLVD**  
**MIAMI FL 33161**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEISS, RACHELLE</b>	
STREET ADDRESS	<b>524 ARAGON AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>EV</b>	<input type="checkbox"/> Delete
NAME	<b>PRESS, JACK A</b>	
STREET ADDRESS	<b>530 MELALEUCA LN</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	<b>WEISS, RACHELLE</b>	
STREET ADDRESS	<b>832 Majorca Ave</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE	<b>EV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	<b>Press, Jack</b>	
STREET ADDRESS	<b>530 Melaleuca Lane</b>	
CITY-ST-ZIP	<b>Miami FL 33137</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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:** *Rachelle Weiss* **1/16/00** **(305) 571-8378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #