

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90084 047 ***150.00

DOCUMENT # P97000067817

1. Entity Name

PHYSICIANS DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business

1840 CORAL WAY
 #203
 MIAMI FL 33145
 US

Mailing Address

1840 CORAL WAY
 #203
 MIAMI FL 33145
 US

040400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1757 Coral Way

3. Mailing Address

1757 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0772181

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

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

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, 2001 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	P <input type="checkbox"/> Delete
NAME	WEISS, RACHELLE
STREET ADDRESS	832 MAJORCA AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	EVP <input type="checkbox"/> Delete
NAME	PRESS, JACK A
STREET ADDRESS	530 MELALEUCA LN
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/27/01

CR2E034 (10/00)