

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90164 036 ***150.00

DOCUMENT # P99000071724

1. Entity Name

MARLIN DIAGNOSTICS INC. - change to **MARLIN DIAGNOSTICS & CHIROPRACTIC SERVICES,**

Principal Place of Business

Mailing Address

5616 POLK ST.
 HOLLYWOOD FL 33021

5616 POLK ST.
 HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

11200 Pines Blvd.

11200 Pines Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

Country

Zip

Country

33026

USA

33026

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARLIN, CLAUDIA
 5616 POLK ST.
 HOLLYWOOD FL 33021

Name

MARLIN, CLAUDIA

Street Address (P.O. Box Number is Not Acceptable)

11200 Pines Blvd. #101

City

Pembroke Pines

FL

Zip Code

33026

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

Claudia Marlin, Claudia Marlin, Pres.

4/24/01

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
 NAME: MARTIN, CLAUDIA
 STREET ADDRESS: 5616 POLK STREET
 CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: Change Addition
 NAME: MARLIN, CLAUDIA
 STREET ADDRESS: 11200 Pines Blvd. #101
 CITY-ST-ZIP: Pembroke Pines, FL 33026

TITLE: VP
 NAME: VALENTE, JOHN
 STREET ADDRESS: 7224 NEPTUNE BASIN COURT
 CITY-ST-ZIP: BOCA RATON FL 33434

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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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:

Claudia Marlin, Pres.

4/24/01 954-392-6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)