

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

031296 AV

**DOCUMENT # 455464**  
 1. Entity Name  
**CAMBRIDGE DIAGNOSTIC PRODUCTS, INC.**

02-25-2002 90019 047 \*\*\*150.00

Principal Place of Business      Mailing Address  
**6880 NORTHWEST 17TH AVENUE**      **6880 NORTHWEST 17TH AVENUE**  
**FT. LAUDERDALE FL 33309**      **FT. LAUDERDALE FL 33309**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number **38-1490777**      Applied For  
 Not Applicable  
 Zip      Country      Zip      Country      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  
**GOLD, GARY**      Name  
**6880 NW 17TH AVE**      Street Address (P.O. Box Number is Not Acceptable)  
**FT. LAUDERDALE FL 33309**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLD, MARC ASST</b>	NAME	
STREET ADDRESS	<b>6880 NORTHWEST 17TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLD, GARY</b>	NAME	
STREET ADDRESS	<b>6880 NORTHWEST 17TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLD, ROY</b>	NAME	
STREET ADDRESS	<b>6880 NORTHWEST 17TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED**      **2-13-02**      **959**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # **971-4040**

CR2E034 (9/01)