

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 525889

1. Entity Name
ADVANCED DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business
6855 HANGING MOSS ROAD
ORLANDO FL 32807

Mailing Address
6855 HANGING MOSS ROAD
ORLANDO FL 32807

2. Principal Place of Business
2555E. FORSYTH ROAD

3. Mailing Address
5415 LAKE HOWELL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#183

City & State
ORLANDO FL

City & State
WINTER PARK FL

Zip
32807

Country
US

Zip
32792

Country
US

4. FEI Number
59-1711198

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REED, ALLAN L.
6855 HANGING MOSS ROAD
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name
REED, ALLAN L.
Street Address (P.O. Box Number is Not Acceptable)
5415 LAKE HOWELL ROAD
183
City
WINTER PARK FL
Zip Code
32792

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 ALLAN L. REED

04/30/2001

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MADDAMMA, E DIANE	
STREET ADDRESS	4701 ELAINE PL	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	MADDAMMA, ARMAND	
STREET ADDRESS	4701 ELAINE PL	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, DOROTHY	
STREET ADDRESS	1232 CHEETAH TRAIL	
CITY-ST-ZIP	WINTER SPRGS, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, SARA L	
STREET ADDRESS	7692 PALES CT	
CITY-ST-ZIP	ORLANDO, FL 0	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REED, ALLAN L	
STREET ADDRESS	7692 PALES CT	
CITY-ST-ZIP	ORLANDO, FL 0	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	ELLIS, ROBERT E	
STREET ADDRESS	1232 CHEETAH TRAIL	
CITY-ST-ZIP	WINTER SPRGS, FL 0	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Allan L. Reed

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)