

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # 525889**1. Entity Name
ADVANCED DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business

2555E. FORSYTH ROAD

ORLANDO

32807

FL

US

Mailing Address

5415 LAKE HOWELL ROAD

#183

WINTER PARK

32792

FL

US

2. Principal Place of Business

2555 FORSYTH ROAD

3. Mailing Address

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

City & State

ORLANDO

FL

City & State

Zip

32807

Country

US

Zip

Country

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.

5415 LAKE HOWELL ROAD

183

WINTER PARK

32792

US

FL

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)

06/11/2001

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 checked="" type="checkbox"/> Delete
NAME	MADDAMMA, E DIANE	
STREET ADDRESS	4701 ELAINE PL	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VDT	<input checked="" type="checkbox"/> Delete
NAME	MADDAMMA, ARMAND	
STREET ADDRESS	4701 ELAINE PL	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, DOROTHY	
STREET ADDRESS	1232 CHEETAH TRAIL	
CITY-ST-ZIP	WINTER SPRGS, FL 0	
TITLE	D	<input checked="" 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	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDAMMA, ARMOND	
STREET ADDRESS	4701 ELAINE PLACE	
CITY-ST-ZIP	ORLANDO FL 21812	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN L. REED	
STREET ADDRESS	7692 PALES COURT	
CITY-ST-ZIP	ORLANDO FL 32822	

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

PSD

06/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)