## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # F95000002811 US DIAGNOSTIC INC. 05-16-2000 90043 010 \*\*\*150 00 Principal Place of Business Mailing Address 250 S. AUSTRALIAN AVE 250 S. AUSTRALIAN AVE 9TH FLOOR **STH FLOOR** WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-5018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 11-3164389 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VCFO CD Delete TITLE. TITLE PAUL ANDREW SHAW RICHEY, LE NAME 250 S. AUSTRALIAN AVE, 9th FL STREET ADDRESS STREET ADDRESS 250 S. AUSTRALIAN AVE, 9TH FLOOR WEST PALM BEACH . FC 33401 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HARTLEY, KEITH NAME NAME 250 S. AUSTRALIAN AVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Change Addition PCEO □ Delete TITLE TITLE PAUL, JOSEPH NAME 250 S. AUSTRALIAN AVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 VPCF Change ☐ Addition Delete TITLE TITLE MOOR, WAYNE NAME NAME 250 S. AUSTRALIAN AVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Chance Addition TITLE Delete | TITLE HARKINS, FRANCIS J. J NAME NAME 250 S. AUSTRALIAN AVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ANDREW SHAW

4/20/00

561/822-1766

Daytime Phone #