

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90015 048 ***150.00

DOCUMENT # F97000001534

1. Entity Name

MEDICAL DIAGNOSTICS, INC.

Principal Place of Business

Mailing Address

1065 PACIFICENTER DR STE 200
 ANAHEIM CA 92806
 US

1065 PACIFICENTER DR STE 200
 ANAHEIM CA 92806-2131
 US

C0011303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3388047

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

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, 2000 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	CCEO	<input type="checkbox"/> Delete
NAME	ZEHNER, RICHARD N	
STREET ADDRESS	1065 PACIFICENTER DR STE 200	
CITY-ST-ZIP	ANAHEIM CA 92806	
TITLE	P	<input type="checkbox"/> Delete
NAME	PINO, VINCENT	
STREET ADDRESS	31441 ISLAND DR	
CITY-ST-ZIP	EVERGREEN CO 80439	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	ORD, KENNETH S	
STREET ADDRESS	1065 PACIFICENTER DR STE 200	
CITY-ST-ZIP	ANAHEIM CA 92806	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, RUSSELL D JR	
STREET ADDRESS	1065 PACIFICENTER DR STE 200	
CITY-ST-ZIP	ANAHEIM CA 92806	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HORN, MICHELLE M	
STREET ADDRESS	1065 PACIFICENTER DR STE 200	
CITY-ST-ZIP	ANAHEIM CA 92806	
TITLE		<input type="checkbox"/> Delete
NAME	See attached	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: Michelle Horn **Michelle Horn, Asst. Secretary** 1-19-00 **(714) 688-7100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #