

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90167 012 \*\*\*150.00

0293216

**DOCUMENT # H23612**

1. Entity Name

**DIAGNOSTIC IMAGING SYSTEMS, INC.**

Principal Place of Business

13614 YARMOUTH CT  
WELLINGTON FL 33414  
US

Mailing Address

13614 YARMOUTH CT  
WELLINGTON FL 33414  
US

2. Principal Place of Business

13940 FOLKSTONE CIR.

Suite, Apt. #, etc.

D

City & State

WELLINGTON, FL.

Zip

33414

Country

USA

3. Mailing Address

13940 FOLKSTONE CIR.

Suite, Apt. #, etc.

D

City & State

WELLINGTON, FL.

Zip

33414

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2466383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, SHANNON  
13614 YARMOUTH CT  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name  
GREEN, SHANNON  
Street Address (P.O. Box Number is Not Acceptable)  
13940 FOLKSTONE CIR.  
D  
City  
WELLINGTON FL Zip Code  
33414

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, 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	PD	<input type="checkbox"/> Delete
NAME	GREEN, SHANNON M.	
STREET ADDRESS	13614 YARMOUTH CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SHANNON M.	
STREET ADDRESS	13940-D FOLKSTONE CIR	
CITY-ST-ZIP	WELLINGTON, FL, 33414	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)