

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H59087**

1. Entity Name
INTEGRATED DIAGNOSTIC SERVICES, INC.

Principal Place of Business
**2237-B SOUTH CONGRESS
W. PALM BEACH FL 33406
US**

Mailing Address
**2237-B SOUTH CONGRESS
W. PALM BEACH FL 33406
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2542684

Applied For

Not Applicable

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

**POLIZZI, ALFRED R.
800 ONU LAGO DRIVE # 204
JUNO BEACH FL 33408**

*Address Change
only*

Name **Polizzi, Alfred R.**
Street Address (P.O. Box Number is Not Acceptable)

150 SANTA BARBARA WAY

City **Palm Beach Gardens FL** Zip Code **33410**

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 **Alfred R. Polizzi, Pres.**
Signature, typed or printed name of registered agent and title if applicable.

Alfred R. Polizzi, Pres.
(NOTE: Registered Agent signature required when reinstating)

3/20/02
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, 2002 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 **P** ☐ Delete
NAME **POLIZZI, ALFRED**
STREET ADDRESS **800 UNLAGO DRIVE #204**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **P** ☒ Change ☐ Addition
NAME **Polizzi, Alfred**
STREET ADDRESS **150 SANTA BARBARA WAY**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE **S** ☐ Delete
NAME **DEPASQUALE, JOHN**
STREET ADDRESS **9775 N.W. 48TH DR.**
CITY-ST-ZIP **CORAL SPRGS. FL**

TITLE **S** ☒ Change ☐ Addition
NAME **DePasquale, John**
STREET ADDRESS **10031 SW NOB Hill Circle**
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Alfred R. Polizzi, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
Date

(561)641-8160
Daytime Phone #

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90341 018 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)