

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90075 027 ***150.00

DOCUMENT # K53082

1. Entity Name
NEURO-THERMO DIAGNOSTICS CENTER INC.

A0057703



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O BHATT MUKESH D 13175 DOUBLE TREE CIRCLE WEST PALM BEACH FL 33414	Mailing Address P.O. BOX 30277 13175 DOUBLETREE CIRCLE PALM BEACH GARDENS FL 33420-0277 US
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2. Principal Place of Business 246 Hampton Place Suite, Apt. #, etc.	3. Mailing Address P.O. Box 30277 Suite, Apt. #, etc.
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City & State Jupiter, Florida	City & State Palm Beach Gardens
Zip 33458	Zip 33420
Country Palm Beach	Country Palm Beach

4. FEI Number 65-0183196	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BHATT, MUKESH D.
13175 DOUBLETREE CIRCLE
WEST PALM BEACH 33414

7. Name and Address of New Registered Agent
 Name **Bhatt Mukesh D**
 Street Address (P.O. Box Number is Not Acceptable)
246 HAMPTON PLACE
 City **Jupiter** FL **33458**

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 _____ (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	
TITLE DCP	<input type="checkbox"/> Delete
NAME BHATT, MUKESH D.	
STREET ADDRESS 13175 DOUBLETREE CIRCLE	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE S	<input type="checkbox"/> Delete
NAME BHATT, BHARTI M.	
STREET ADDRESS 13175 DOUBLETREE CIRCLE	
CITY-ST-ZIP WEST PALM BEACH FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 246 Hampton Place	
CITY-ST-ZIP Jupiter, Florida 33458	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 246 Hampton Place	
CITY-ST-ZIP Jupiter, Florida 33458	
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: *Sig on Deck REQUIRED* **A/27/00** Date Daytime Phone #