

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.

Principal Place of Business

Mailing Address

C/O BHATT MUKESH D
13175 DOUBLE TREE CIRCLE
WEST PALM BEACH FL 33414P.O. BOX 30277
13175 DOUBLETREE CIRCLE
PALM BEACH GARDENS FL 33420-0277
US

A0057703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

246 Hampton Place

3. Mailing Address

P.O. Box 30277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jupiter, FloridaCity & State
Palm Beach Gardens4. FEI Number **65-0183196**Applied For
Not ApplicableZip
33458Country
Palm BeachZip
FL-33420Country
Palm Beach5. 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 PLACECity **Jupiter**

FL

Zip Code
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

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 State10. 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		
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:

SIGNATURE REQUIRED

4/27/00

Date

Daytime Phone #