

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90194 009 ***150.00

0393737 AV

DOCUMENT # **K53082**

1. Entity Name
NEURO-THERMO DIAGNOSTICS CENTER INC.



Principal Place of Business
**246 HAMPTON PLACE
JUPITER FL 33458
US**

Mailing Address
**P.O. BOX 30277
PALM BEACH GARDENS FL 33420
US**



2. Principal Place of Business
2298 GOLDENBEAR WAY

3. Mailing Address

Suite, Apt. #, etc.
~~246 HAMPTON PLACE~~

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM CITY, FL

City & State

4. FEI Number **65-0183196**

Applied For
Not Applicable

Zip **34990** Country **MARTIN**

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

**BHATT, MUKESH D.
246 HAMPTON PLACE
JUPITER FL 33458**

Name **GAUTAM D. THAKAR**

Street Address (P.O. Box Number is Not Accepted) **349 KINGFISHER DRIVE**

City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gautam D. Thakar** **GAUTAM D. THAKAR** **4/21/2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCP** ☐ Delete
NAME **BHATT, MUKESH D.**
STREET ADDRESS **246 HAMPTON PLACE**
CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE **S** ☐ Delete
NAME **BHATT, BHARTI M.**
STREET ADDRESS **246 HAMPTON PLACE**
CITY-ST-ZIP **JUPITER FL 33458**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MUKESH D. BHATT** **(772) 489-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2003

Daytime Phone #

CR2E034 (10/02)