

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90168 022 \*\*\*150.00

**DOCUMENT # K77460**

1. Entity Name  
**MED CENTER DIAGNOSTICS, INC.**



Principal Place of Business  
107A JFK DRIVE  
ATLANTIS, FL 33462

Mailing Address  
P.O. BOX 5387  
LAKE WORTH, FL 33466 US

10076247



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3800 S. CONGRESS AVE**  
Suite, Apt. #, etc. **#9**

3. Mailing Address  
**P.O. BOX 1000**  
Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH, FL**  
Zip **33426** Country **U.S.A.**

City & State  
**BOYNTON BEACH FL**  
Zip **33425** Country **U.S.A.**

4. FEI Number **65-0117577**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**STILL, JOSEPH K JR**  
**600 AUSTRALIAN AVE S**  
**SUITE 600**  
**W PALM BCH, FL 33401**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when missing)

**FILE NOW!!! FEE IS \$160.00**  
**After May 1, 2003 Fee will be \$650.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP EDDY, TILLMAN L. 1501 39TH STREET WEST PALM BEACH, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Tillman Eddy, President** **4/18/03 (561) 732-7885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TILLMAN EDDY** Date Daytime Phone #

CR2E034 (10/02)