

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003739

1. Entity Name
CNC DIAGNOSTIC, LLC

FILED

01 JAN 22 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
501 FALKENBURG ROAD, UNIT E-17
TAMPA FL 33619

Mailing Address
501 FALKENBURG ROAD, UNIT E-17
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONHAM-LOVETT, KEVIN
501 FALKENBURG ROAD, UNIT E-17
TAMPA FL

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME BONHAM-LOVETT, KEVIN ☐ Delete
STREET ADDRESS 501 FALKENBURG ROAD, UNIT E-17
CITY-ST-ZIP TAMPA FL 33619

TITLE VICE PRESIDENT-MANAGER ☐ Change ☒ Addition
NAME CATHERINE A. VACANTI
STREET ADDRESS 5013 FALKENBURG RD #E17
CITY-ST-ZIP TAMPA, FL 33619

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CATHERINE A. VACANTI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-19-01 813-684-2944
Date Daytime Phone #

CR2E083 (11/00)