

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 021 ****50.00

DOCUMENT # L01000002112

1. Entity Name

ACCLAIM DIAGNOSTICS L.L.C.

Principal Place of Business

**13307 WHISPERING PALMS PLACE
 APT. 304
 LARGO FL 33774-2558**

Mailing Address

**13307 WHISPERING PALMS PLACE
 APT. 304
 LARGO FL 33774-2558**

2. Principal Place of Business

7660 66th St. N.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

Zip

33781

Country

USA

City & State

Zip

Country

4. FEI Number

59-3702751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EINHORN, RICHARD
 2001 SHEFFIELD CT.
 OLDSMAR FL 34677**

Name

N/A

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

RICHARD J. EINHORN, PARTNER

Richard J. Einhorn

4-17-02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PARTNER** ☐ Delete
 NAME **RICHARD J. EINHORN**
 STREET ADDRESS **2001 SHEFFIELD CT.**
 CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE **PARTNER** ☐ Change ☒ Addition
 NAME **JEFFREY BULSON**
 STREET ADDRESS **7641 66th St. N.**
 CITY-ST-ZIP **PINEHURST PARK, FL. 33781**

TITLE **PARTNER** ☐ Delete
 NAME **MOREEN A. AUSTIN**
 STREET ADDRESS **13307 WHISPERING PALMS PL. #304**
 CITY-ST-ZIP **LARGO, FL. 33774**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Richard J. Einhorn

4-17-02 724-541-6588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)