

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21114

1. Entity Name
AFFILIATED DIAGNOSTICS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90282 024 ***150.00

Principal Place of Business
1212 EAST BROWARD BLVD. SUITE 202
FORT LAUDERDALE FL 33301

Mailing Address
1212 EAST BROWARD BLVD. SUITE 202
FORT LAUDERDALE FL 33301

2. Principal Place of Business
1212 E. Broward Blvd
Suite, Apt. #, etc. 202

3. Mailing Address
1212 E. Broward Blvd
Suite, Apt. #, etc. 202

City & State
Ft. Lauderdale, FL
Zip 33301 Country Broward

City & State
Ft. Lauderdale, FL
Zip 33301 Country Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0152018
Applied For
Not Applicable

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

WEDEMEYER, GEORGE A. IV
1212 EAST BROWARD BOULEVARD
FORT LAUDERDALE FL 33301

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 _____ (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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEDEMEYER, GEORGE A. IV 1212 EAST BROWARD BLVD. FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDEMEYER, GEORGE A. IV 1212 EAST BROWARD BLVD. FORT LAUDERDALE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Wedemeyer A. IV

4/20/01 954) 462-8528
Date Daytime Phone #

CR2E034 (10/00)