

# 2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT #

1. Entity Name

L 70129  
PHYSICIAN'S DIAGNOSTIC NETWORK, INC.

FILED

Jul 07, 2000 8:00 am  
Secretary of State

06-19-2000 90001 042 \*\*\*150.00

Principal Place of Business

Mailing Address

12712 INDIAN ROCKS Rd  
LARGO, FL. 33774 - SAME -

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3013389

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

RICK L. DASO

Name

~~RECK~~

Street Address (P.O. Box Number is Not Acceptable)

12712 INDIAN ROCKS ROAD

LARGO, FL. 33774

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

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, 2000 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

P  
DASO, RICK L  
12712 INDIAN ROCKS Rd  
LARGO, FL. 33774

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

Change

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 AGING OFFICER OR DIRECTOR

5/30/00 727-595-2273  
Date Daytime Phone #

CR2E034 (9/99)

Doc # L70129

307885

Physician's Diagnostic Network, Inc.  
12712 Indian Rocks Road  
Largo, Florida 33774  
(727) 595-2273

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06-27-2000

RE: Filing of annual report of corporation

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Initially, I did not receive the filing report for my corporation. I called to have another sent and did not receive that one as well. After requesting the filing papers a second time, they were sent and I mailed them the next day. I was told that I would not be charged the late fee since the papers were not sent to me with the first request. I did attach a note explaining this when I sent the report but it must have been detached.

If you have any questions regarding this issue, please call and speak to me or my assistant Nicole.

Thank you,

  
Rick L. DaSo, President

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