L99000002645

FLORIDA CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002645

1. Entity Name

TransFlorida Mobile Diagnostic Services, L.C.

FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
805 S. Orange Ave.	PO Box 550588
Suite, Apt. #, etc.: * F	Suite, Apt. #, etc.:
City & State: Winter Park FL.	City & State: JACKSONVILLE, FL
Zip: 32789 Country: USA	Zip: 32255 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3575518 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Johnson

Street Address (P.O. Box Number is Not Acceptable): 4237 Salisbury Rd. * 306

City: Jacksonville FL Zip Code: 32216

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: [signature] DAVID JOHNSON 4/2/03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	MGR
NAME	Johnson, David
STREET ADDRESS	805 S. Orange Ave. * F
CITY-ST-ZIP	Winter Park FL. 32789
TITLE	MGRM
NAME	Cotti, Bruce
STREET ADDRESS	805 S. Orange Ave. * F
CITY-ST-ZIP	Winter Park FL. 32789
TITLE	MGRM
NAME	Pyles, Donald
STREET ADDRESS	805 S. Orlando Ave. * F
CITY-ST-ZIP	Winter Park, FL. 32789
TITLE	MGRM
NAME	Gann, David
STREET ADDRESS	805 S. Orange Ave. * F
CITY-ST-ZIP	Winter Park, FL. 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
TITLE	
NAME	
STREET ADDRESS	REINSTATEMENT 04-03
CITY-ST-ZIP	dcc
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] David Gann 4-21-03 (904)296-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #