

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001716

1. Entity Name

SMH DIAGNOSTIC SERVICES, INC.

(R)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90004 036 ****61.25

Principal Place of Business

1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

P O BOX 3258
ATTN: J. HUGH MIDDLEBROOKS
SARASOTA FL 34230-3258

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

65-0739497

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

MIDDLEBROOKS, J. HUGH ESQ.
200 S. ORANGE AVE
SARASOTA FL 34236

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 \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME COVERT, MICHAEL H
STREET ADDRESS 1700 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ Change ☒ Addition
NAME COLGATE, WILLIAM
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA, FL 34239

TITLE P ☒ Delete
NAME COVERT, MICHAEL H
STREET ADDRESS 1700 S. TAMiami TRL
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE TD ☐ Delete
NAME ALBERTSON, DON
STREET ADDRESS 1700 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE SD ☐ Delete
NAME MOSS, MARTIN
STREET ADDRESS 1535 HARBOR PLACE
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE D ☐ Delete
NAME FINLAY, G. DUNCAN
STREET ADDRESS 1700 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

TITLE DP ☒ Change ☐ Addition
NAME FINLAY, G. DUNCAN
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STRASSER, ROBERT K
STREET ADDRESS 3810 OAKLEY DRIVE
CITY-ST-ZIP SARASOTA FL 34235

TITLE DVP ☒ Change ☐ Addition
NAME STRASSER, ROBERT K
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (5/00)