

DOCUMENT # P00000009708

1. Entity Name

PALM BEACH COUNTY DIAGNOSTICS INC.

1/9/01-90

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-09-2001 90003 010 ***150.00

Principal Place of Business

12797 W. FOREST HILL BLVD. B
WELLINGTON FL 33414

Mailing Address

12797 W. FOREST HILL BLVD. B
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

P.O. Box 314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lox FL

Zip

Country

Zip 33470-0314

Country

Palm Beach

4. FEI Number

650976454

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

TIETJEN, RONALD H
15435 CEDAR BLUFF PL
WELLINGTON FL 33414

Name Ronald H Tietjen

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

15435 Cedar Bluff P

City Wellington

FL

Zip Code 33414

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

1-03-01

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Ronald H Tietjen	15435 Cedar Bluff Pl	Wellington FL 33414				

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

Date

Daytime Phone #

1-3-01

(888) 793-5550