

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90156 006 \*\*\*150.00

DOCUMENT # **P00000040149**

1. Entity Name  
**SONOX DIAGNOSTIC SERVICES, INC.**



Principal Place of Business  
**2947 STILLWATER DR  
KISSIMMEE FL 34743**

Mailing Address  
**P.O. BOX 772056  
ORLANDO FL 32877**



2. Principal Place of Business

3. Mailing Address

**2478 Windfield Drive** **2478 Windfield Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Kissimmee FL**

City & State  
**Kissimmee FL**

4. FEI Number  
**59-3640256**

Applied For  
☐ Not Applicable

Zip  
**34743**

Country  
**OSCEOLA**

Zip  
**34743**

Country  
**OSCEOLA**

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

**DAVILA, BRUNILDA  
2947 STILLWATER DR  
KISSIMMEE FL 34743**

Name  
**DAVILA BRUNILDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2478 Windfield Drive**  
City **Kissimmee** **FL** Zip Code **34743**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
DAVILA, BRUNILDA  
2947 STILLWATER DR  
KISSIMMEE FL 34743** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/S/T/D  
DAVILA BRUNILDA  
2478 Windfield Drive  
Kissimmee FL 34743** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)