

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057283

1. Entity Name

COMPUTER DIAGNOSTIC CENTER OF FLORIDA, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90036 043 ***150.00

Principal Place of Business

Mailing Address

2890 GRIFFIN RD., SUITE 4
FT. LAUDERDALE FL 33312

2890 GRIFFIN RD., SUITE 4
FT. LAUDERDALE FL 33312

2. Principal Place of Business

2024-B Tigertail Blvd

3. Mailing Address

2024-B Tigertail Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Beach, Florida

City & State

Dania Beach, Florida

Zip
33004

Country
USA

Zip
33004

Country
USA

4. FEI Number

65-1019037

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

GOSSAGE, BRUCE

2890 GRIFFIN RD., SUITE 4
FT. LAUDERDALE FL 33312

Name

Gossage Bruce

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

2024-B Tigertail Blvd

City

Dania Beach

FL

Zip Code

33004

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

Bruce Gossage

Bruce Gossage

4/12/01

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, 2001 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
PTSD
GOSSAGE, BRUCE
2890 GRIFFIN RD., SUITE 4
FT. LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
Gossage Bruce
2024-B Tigertail Blvd
Dania Beach FL 33004 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Bruce Gossage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Gossage

4/12/01

Date

(954) 962-0102

Daytime Phone #

CR2E034 (10/00)