

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90167 009 ***150.00

DOCUMENT # P00000082950

1. Entity Name

ALPHA DIAGNOSTIC, INC.

Principal Place of Business

**3907 N. FEDERAL HIGHWAY #138
 POMPANO BEAH FL 33064**

Mailing Address

**3907 N. FEDERAL HIGHWAY #138
 POMPANO BEAH FL 33064**

2. Principal Place of Business

332 W. ROYNTON BCH. BLVD

Suite, Apt. #, etc.

#3

3. Mailing Address

332 W. ROYNTON BCH. BLVD

Suite, Apt. #, etc.

#3

City & State

BOYNTON BCH FL

Zip

33435

Country

USA

City & State

BOYNTON BCH FL

Zip

33435

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1036781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YPOMENE, DESIRE

**22554 BLUE MARLIN DR
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE **P** ☐ Delete
 NAME **DESIRE, YPOMENE**
 STREET ADDRESS **22554 BLUE MARLIN DR**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **VP** ☐ Delete
 NAME **THEUS, LENEL**
 STREET ADDRESS **4329 NW 3RD TERRACE**
 CITY-ST-ZIP **POMPANO BEAH FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-02

Date

(561) 752-9099

Daytime Phone #

CR2E034 (9/01)