

AS AMENDED

APPROVED  
AND  
FILED

ATX1

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

07 NOV -2 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #	P00000082950
1. Entity Name	
Alpha Diagnostic Inc	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3643 South Federal Highway Suite, Apt. #, etc.		3. Mailing Address 3643 South Federal Highway Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33435	Country	Zip 33435	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 65-1036781		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name DESIRE YPOMENE Street Address (P.O. Box Number is Not Acceptable) 22554 Blue Marlin Dr		
	City BOCA RATON FL Zip Code 33428		

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESIRE, YPOMENE 2254 Blue Marlin Dr Boca Raton FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112140111 11/09/07--01004--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THEUS, LENEL 2254 Blue Marlin Dr Boca Raton FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dr Barry A. Goldberg 119 NW 88th Way Coral Springs, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 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 #