

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

ATX1

<b>DOCUMENT #</b> P00000082950	
<b>1. Entity Name</b> Alpha Diagnostic Inc	

07 NOV 21 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1832 North Federal Hwy Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1832 North Federal Hwy Suite, Apt. #, etc.	
<b>City &amp; State</b> Boynton Beach, FL		<b>City &amp; State</b> Boynton Beach, FL	
<b>Zip</b> 33435	<b>Country</b>	<b>Zip</b> 33435	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1036781		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP DESIRE, YPOMENE 2254 Blue Marlin Dr Boca Raton FL 33428
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP THEUS, LENEL 2254 Blue Marlin Dr Boca Raton FL 33428
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP Dr Barry A. Goldberg 119 NW 88th Way Coral Springs, FL 33071
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	600112474615 11/21/07--01011--001 **\$61.25
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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 #

**MICHAEL J. McGOEY CPA, INC.**

**639 EAST OCEAN AVENUE, SUITE 101**

**BOYNTON BEACH, FL 33435**

**(561) 734-8599**

**Fax (561) 734-8544**

**mjmgoey@aol.com**

November 19, 2007

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Alpha Diagnostic Inc. – P00000082950**

Dear Sir/Madam,

Enclosed please find a SIGNED Amended Profit Annual Report along with the processing fee of \$61.25. Natacha Peuguero, 2254 Blue Marlin Drive, Boca Raton, FL 33428 should be deleted from the corporation and Dr Barry A. Goldberg 119 NW 88th Way, Coral Springs, FL 33071 should be added. Please process at your earliest convenience.

Please add:

Dr Barry A. Goldberg  
119 NW 88th Way  
Coral Springs, FL 33071

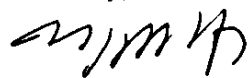
Please remove:

Title VP

PEUGUERO, NATACHA  
2254 BLUE MARLIN DRIVE  
BOCA RATON FL 33428

We appreciate your cooperation. Thank you for your prompt attention and your favorable response to this matter. If we can be of any further assistance please do not hesitate to contact us.

Sincerely,



Michael J McGoe CPA

\Enclosures