

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Bay Area Diagnostic Group, Inc.

FILED

03 JUN -5 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

21 8001 North Dale Mabry Highway

Suite, Apt. #, etc.

22 Suite 501C

City & State

23 Tampa FL

Zip

24 33614

County

25 Hillsborough

27 City & State

28 Zip

County

200021273373

07/02/03--01056--031 ***450.00

01-03 UBR

4. FEI Number

applied for

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

81

82

83

84

Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

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

FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of 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, 2000 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 Director ☐ DELETE
NAME Deborah Barber
STREET ADDRESS 8001 North Dale Mabry Highway 501C
CITY-ST-ZIP Tampa FL 33614

TITLE Director ☐ DELETE
NAME Frank Barber
STREET ADDRESS 8001 North Dale Mabry Highway 501C
CITY-ST-ZIP Tampa FL 33614

TITLE Director ☐ DELETE
NAME Louis Cabre
STREET ADDRESS 8001 North Dale Mabry Highway 501C
CITY-ST-ZIP Tampa FL 33614

TITLE Director ☐ DELETE
NAME Lisa Cabre
STREET ADDRESS 8001 North Dale Mabry Highway 501C
CITY-ST-ZIP Tampa FL 33614

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/06/03 813-935-3353


Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Bay Area Diagnostic Group, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please ^{2001, 2002, 2003} waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 
Louis Cabre, Director

Name: Louis Cabre

Title: President

Date: 5/27/23