

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90056 018 ***150.00

0320130 AV

DOCUMENT # P00000111728

1. Entity Name
SOUTH SEMINOLE DIAGNOSTICS, INC.

Principal Place of Business

**10640 NW 26TH PLACE
 SUNRISE FL 33322**

Mailing Address

**10640 NW 26TH PLACE
 SUNRISE FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1059355

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

LEVINE, STEVEN

1104 POINTE NEWPORT TERRACE

SUITE #110

CASSELBERRY FL 32707

Name

Levine, Steven

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

1696 Spicewood Lane

City

Casselberry

FL

Zip Code
32707

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LEVINE, STEVEN**
 STREET ADDRESS **1104 POINTE NEWPORT TERRACE #110**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **D** ☐ Change ☐ Addition
 NAME **Levine, Steven**
 STREET ADDRESS **1696 Spicewood Lane**
 CITY-ST-ZIP **Casselberry, FL. 32707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Steven Levine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

407-339-3993

Daytime Phone #

CR2E034 (9/01)