

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91396 012 \*\*\*150.00

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DOCUMENT # **P0000111783**

1. Entity Name  
**DIAGNOSTICS, INC.**



Principal Place of Business  
~~10151 UNIVERSITY BLVD., #352~~  
~~ORLANDO FL 32017~~  
**2 PETTIGREW DRIVE**  
**SAVANNAH, GA 31411**

Mailing Address  
~~10151 UNIVERSITY BLVD., #352~~  
~~ORLANDO FL 32017~~  
**2 PETTIGREW DRIVE**  
**SAVANNAH, GA 31411**



2. Principal Place of Business  
**2 PETTIGREW DRIVE**

Suite, Apt. #, etc.

3. Mailing Address  
**2 PETTIGREW DR.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**SAVANNAH, GA.**

City & State  
**SAVANNAH, GA.**

4. FEI Number **59-3712048**

Applied For  
 Not Applicable

Zip **31411** Country **USA**

Zip **31411** Country **U.S.A.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LERNER, ROBERT N ESQ.**  
**620 JASMINE RD.**  
**ALTAMONTE SPRINGS FL 32701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO</b> <b>WAGNER, ROBERT DONALD E.</b> <input type="checkbox"/> Delete <del>4233 SUNNY BROOK WAY, #107</del> <b>2 PETTIGREW</b> <del>WINTER SPRINGS FL 32708</del> <b>SAVANNAH, GA</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>31411</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT DONALD E. WAGNER CEO** 4/24/03 912-598-4164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)