

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-10-2002 90011 014 ***150.00

DOCUMENT # P01000016904

1. Entity Name
NORTH EAST DIAGNOSTIC, INC.

Principal Place of Business
46 N.E. 167TH STREET
MIAMI FL 33179

Mailing Address
46 N.E. 167TH STREET
MIAMI FL 33179

18341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
46 NE 167 ST
 Suite, Apt. #, etc.

3. Mailing Address
46 NE 167 ST
 Suite, Apt. #, etc.

City & State
MIAMI, FL
 Zip
33162

City & State
MIAMI, FL
 Zip
33162

4. FEL Number
65-1077711

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SOLTANOV, PAVEL
46 N.E. 167TH STREET
MIAMI FL 33179

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. ☐



10. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DP SOLTANOV, PAVEL 19370 COLLINS AVENUE, APT. 1612 SUNNY ISLE BEACH FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DATE: **1/23/02** (305) 999-9800
Typed or printed name of signing officer or director