FILED Apr 24, 2002 8:00 am Secretary of State

2002 Uniform Business Report (UBR)

						AARATAR	• * * * * * * * * * * * * * * * * * * *	Stata	
DOCUMENT # P0100038280 1. Entity Name DIAGNOSTIC INPUT SERVICE CENTER, INC.					Secretary of State 03-28-2002 90150 021 ***150.00				
Principal Place of Business Mailing Address 4280 MEADOWYLEW DRIVE 4290 MEADOWYLEW DRIVE BOYNTON BEACH FL 33438									
2. Principal Place of Business 2 1 PREKUPY COURT 2/6 PREKU Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.				Court	DO NOT WRITE IN THIS SPACE				
City & State GREENACRES. FL Gity & State GREENACRES.				CL	4. FEI Number Applied For 38 - 266 1920 Not Applicable]
334	13 Sountry Beach	^{Zip} 33413		M BEACH	5. Certificate of Statu	s Desired	\$8.75 Ad Fee Require	Iditional	
	6. Name and Address of Current Ro	egistered Agent		-Alama	7. Name and Addres	s of New Registere	d Agent		4
COODD ATOM CETTING COMPANY							·		
CORPORATION SERVICE COMPANY				Street Address (I	P.O. Box Number is Not	Acceptable)			1
1201 HAYS STREET				 					4
IALLAHA	SSEE FL 32301-2525								1
			Γ	City		F	Zip Coo	de	1
8. The abyve	named entity submits this statement for t	he purpose of changing its r	registered	d office or register	ed agent, or both, in the				
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	: Registered /	Agent signature required	when reinstating)	DATE	. <u>.</u> . <u>.</u>		
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable				ill be \$550.00	Trust Fund	impaign Financing Contribution.		00 May Be d to Fees]
11,	OFFICERS AND DI	1 -	12.			ES TO OFFICERS AL	UD DIDECTOR	C 111 44	ł
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NAME	DONOM COMMEDD W	—	NAME	ł			☐ cirain ic	Addition	18
STREET ADDRESS	4000 MEADOWANEW-PRIME 2/6	PARKWAY CT.	STREET	AODRESS					8
CITY-ST-ZIP BOYATTON BEACH FL 33438- GREEN ACCES, FL 33413				T-ZIP					CR2E034 (9/01)
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	5
NAME	DONCAL, SANDRA L	PACKWAY CT.	NAME	i				_	
STREET ADDRESS	4500 MENDOWNEW DHIVE GECO	NACIOS, FL 33413	11	ADDRESS				- (ĺ
CITY-ST-ZIP	BOYNTON BEACH FL 33436	<u>-</u>	CITY-S	T-ZIP					l
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TITLE Name		☐ Delete	NAME				Change	☐ Addition	
STREET ADDRESS		•	H	ADDRESS				ı	
CITY-ST-ZIP			CITY-ST					Į	
13. I hereby c	ertify that the information supplied with thi	s filing does not qualify for the	ш		tion 119 07(3\f) Florida	Statutes I further of	ertify that the in	formation	
indicated	on this report or supplemental report is to	e and accurate and that mu	classus	a chall have the ec	ma local affact on if ma	do vodes och that i	on any under under 171	normanon	

3. I bereby 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 suppliemental 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

EXAMATURE AND TYPED ON PRINTED NAME OF SKINDING OFFICER OR DIRECTOR

3/15/2002 561- 969- 0420