

## 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90150 021 \*\*\*150.00

DOCUMENT # P01000038280

1. Entity Name

DIAGNOSTIC INPUT SERVICE CENTER, INC.

Principal Place of Business

4280 MEADOWVIEW DRIVE  
BOYNTON BEACH FL 33436

Mailing Address

4280 MEADOWVIEW DRIVE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

216 PARKWAY COURT  
Suite, Apt. #, etc.

3. Mailing Address

216 PARKWAY COURT  
Suite, Apt. #, etc.

City &amp; State

GREENACRES, FL

City &amp; State

GREENACRES, FL

4. FEI Number

38-2661920

Applied For

Not Applicable

Zip

33413

Country

PALM BEACH

Zip

33413

Country

PALM BEACH

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

TITLE ☐ Delete  
NAME DONCAL, EDWARD K  
STREET ADDRESS 4280 MEADOWVIEW DRIVE 216 PARKWAY CT.  
CITY-ST-ZIP BOYNTON BEACH FL 33436 GREENACRES, FL 33413

TITLE ☐ Delete  
NAME DONCAL, SANDRA L  
STREET ADDRESS 4280 MEADOWVIEW DRIVE 216 PARKWAY CT.  
CITY-ST-ZIP BOYNTON BEACH FL 33436 GREENACRES, FL 33413

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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: Edith K. Doncal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2002

561-969-0420  
Daytime Phone #

CH2E034 (9/01)