

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90122 036 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000038280

1. Entity Name  
DIAGNOSTIC INPUT SERVICE CENTER, INC.

Principal Place of Business  
216 PARKWAY COURT  
GREENACRES FL 33413

Mailing Address  
216 PARKWAY COURT  
GREENACRES FL 33413

2. Principal Place of Business  
436 NW COOLWATER CT

3. Mailing Address  
436 NW COOLWATER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PORT SAINT LUCIE FL

City & State  
PORT SAINT LUCIE, FL 34986

4. FEI Number 38-2661920

Applied For  
Not Applicable

Zip 34986 Country SAINT LUCIE

Zip 34986 Country ST. LUCIE

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name EDWARD K. DONCAL

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

436 NW COOLWATER COURT

City PORT SAINT LUCIE FL Zip Code 34986

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 Edward K Doncal Edward K DONCAL

1/10/2003  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME DONCAL, EDWARD K  
STREET ADDRESS 216 PARKWAY CT.  
CITY-ST-ZIP GREENACRES FL 33413 ☐ Delete

TITLE President  
NAME DONCAL, Edward K  
STREET ADDRESS 436 NW COOLWATER CT  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Change ☐ Addition

TITLE D  
NAME DONCAL, SANDRA L  
STREET ADDRESS 216 PARKWAY CT.  
CITY-ST-ZIP GREENACRES FL 33413 ☐ Delete

TITLE Secretary  
NAME DONCAL, SANDRA L  
STREET ADDRESS 436 NW COOLWATER CT.  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Edward K Doncal 1/10/2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)