

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90177 030 \*\*\*150.00

DOCUMENT # ~~P010000~~ 57774 ✓  
1. Entity Name  
Springsteen Diagnostics, Inc

**DO NOT WRITE IN THIS SPACE**

20269

2. Principal Place of Business  
17743 S.W. 2nd St.  
Suite, Apt. #, etc.

3. Mailing Address  
6067 Hollywood Blvd.  
Suite, Apt. #, etc.  
3rd Floor

DO NOT WRITE IN THIS SPACE

City & State  
Dunedin, Pinellas, FL

City & State  
Hollywood, FL

4. FEI Number  
65-1119369

Applied For  
 Not Applicable

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

Zip  
33029

Country  
Broward

Zip  
33024

Country  
Broward

7. Name and Address of Current Registered Agent

Name  
Eliza Brown

Street Address (P.O. Box Number is Not Acceptable)  
6067 Hollywood Blvd. 3rd Floor

City  
Hollywood

FL

Zip Code  
33024

**DO NOT WRITE  
IN THIS SPACE**

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 Eliza Brown Eliza Brown 2-05-02  
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)

January 1 - May 1 Fee is \$150.00.  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Brown, Eliza</u> <u>921 N.W. 85 Tract #1215</u> <u>Plantation, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eliza Brown Eliza Brown 2-05-02 (954) 981-9779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #