

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90672 041 \*\*\*150.00

DOCUMENT # P01000109513

1. Entity Name  
DIAGNOSTICS U.S.A. INC.



Principal Place of Business  
3104 W WATERS AVE  
SUITE 106  
TAMPA FL 33614

Mailing Address  
3104 W WATERS AVE  
SUITE 106  
TAMPA FL 33614

70097560



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
3104 W. Waters Ave

3. Mailing Address  
3104 W. Waters Ave

Suite, Apt. #, etc.  
106

Suite, Apt. #, etc.  
106

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip  
33614

Zip  
33614

Country  
USA

Country  
USA

4. FEI Number  
59-3761189

Applied For  
Not Applicable

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

GONZALEZ, JORGE  
3202 W GROVE ST  
TAMPA FL 33684

Name  
Jorge Gonzalez

Street Address (P.O. Box Number is Not Acceptable)  
3202 W.

Grove St.

City  
Tampa

FL

Zip Code  
33684

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 *Jorge Gonzalez*  
Signature typed or printed name of registered agent and title if applicable.

*Jorge Gonzalez*

1/7/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

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 S  
NAME GONZALEZ, JORGE  
STREET ADDRESS 3202 WEST CASS STREET  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

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

TITLE PCEO  
NAME BETANCOURT, ELINA  
STREET ADDRESS 7703 WILLOW PARK  
CITY-ST-ZIP TEMPLE TERRACE FL 33624 ☐ Delete

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

TITLE T  
NAME BETANCOURT, ELINA  
STREET ADDRESS 7703 WILLOW PARK  
CITY-ST-ZIP TEMPLE TERRACE FL 33624 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: *Jorge Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 813-244-1952  
Date Daytime Phone #

CR2E034 (10/02)