

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90140 044 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000011702

1. Entity Name
NEUROLOGICAL DIAGNOSTIC SERVICES, INC.



Principal Place of Business
 7211 N DALE MABRY HWY STE 219
 TAMPA, FL 33614

Mailing Address
 7211 N DALE MABRY HWY STE 219
 TAMPA, FL 33614



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0379364

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SALVIA, BELKYS
 7211 N DALE MABRY HWY STE 219
 TAMPA, FL 33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$660.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SALVIA, BELKYS 7211 N DALE MABRY HWY STE 219 TAMPA, FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *B* PRESIDENT 5/20/03 813-872-8165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/01/02)