

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-25-2003 90330 009 ***150.00

DOCUMENT # P02000112589
1. Entity Name
GENESIS DIAGNOSTICS, INC.



Principal Place of Business
8985 NE 134TH AVENUE
SUITE B
LADY LAKE FL 32159

Mailing Address
8985 NE 134TH AVENUE
SUITE B
LADY LAKE FL 32159

55045941



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

3. Mailing Address
1501 US Hwy 441 No.
STE 1706
City & State
The Villages, FL
Zip
32159
Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
33-1027690
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KRAUCAK, NELSON
8985 NE 134TH AVENUE
STE B
LADY LAKE FL 32159

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1501 US Hwy 441 No. STE 1706
City
The Villages FL
Zip Code
32159

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PO KRAUCAK, NELSON 34139 PICCIOLA DRIVE FRUITLAND PARK FL 34731 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLA, MARVIC 34139 PICCIOLA DRIVE FRUITLAND PARK FL 34731 ☐ 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
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: SIGNATURE REQUIRED 4/2 3/03 (322) 700 4332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)