

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90107 011 \*\*\*150.00

**DOCUMENT # P02000119617**

**1. Entity Name**  
**HEALTH SCREENING DIRECT, INC.**



**Principal Place of Business**  
**311 PARK PLACE BLVD.**  
**SUITE 340**  
**CLEARWATER FL 33759**

**Mailing Address**  
**311 PARK PLACE BLVD.**  
**SUITE 340**  
**CLEARWATER FL 33759**

**2. Principal Place of Business**

**3. Mailing Address**  
**P.O. BOX 6208**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PALM HARBOR FL**

Zip

Country

Zip  
**34684**

Country

**USA**

**4. FEI Number**  
**02-0654528**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SINENO, JOSEPH JR.**  
**311 PARK PLACE BLVD.**  
**SUITE 340**  
**CLEARWATER FL 33759**

## 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** *Joseph Sineno, Jr.* **Joseph Sineno, JR - President 4-10-03**  
Signature, typed or printed name of registered agent and title if applicable. (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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

## 10. OFFICERS AND DIRECTORS

**TITLE** **P, S** ☐ Delete  
**NAME** **SINENO, JOSEPH JR.**  
**STREET ADDRESS** **311 PARK PLACE BLVD. STE 340**  
**CITY-ST-ZIP** **CLEARWATER FL 33759**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** **Sean M. O'Brien T, VP** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS** **311 Park Place Blvd Ste 340**  
**CITY-ST-ZIP** **Clearwater FL 33759**

**TITLE** **V.P.** ☐ Change ☒ Addition  
**NAME** **Kathleen Sineno**  
**STREET ADDRESS** **311 Park Place Blvd Ste 340**  
**CITY-ST-ZIP** **Clearwater FL 33759**

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

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

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

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

**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:** *Joseph Sineno, Jr.* **Joseph Sineno, JR 4-10-03 727-724-2969**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)