

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90087 024 ***158.75

DOCUMENT # P93000046320

1. Entity Name
STATEWIDE DIAGNOSTIC INC.



Principal Place of Business
**1800 S.W. FIRST STREET
SUITE 318
MIAMI FL 33135
US**

Mailing Address
**STATEWIDE DIAGNOSTIC INC.
PO BOX 442350
MIAMI FL 33144
US**

11000070



2. Principal Place of Business

3. Mailing Address

1800 SW 1 ST.

STATEWIDE DIAGNOSTIC INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

318

P.O. BOX. 442350

City & State

City & State

4. FEI Number **65-0422396**

Applied For
Not Applicable

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

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

33135

DADE

33144-9350

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLKO, VIRGINIA R
110 ROYAL PALM ROAD
APT. 318
HIALEAH GARDENS FL 33016**

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

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HOLKO, VIRGINIA**
STREET ADDRESS **110 ROYAL PALM ROAD, #318**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

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

TITLE ☐ Delete
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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:

Virginia R Holko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03

Date

Daytime Phone #

CR2034 (10/02)