

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90001 026 \*\*\*150.00

DOCUMENT # **P94000013977**

1. Corporation Name

**BRITISH DIAGNOSTIC INSTITUTE, FORT LAUDERDALE/EA  
ST, INC.**

Principal Place of Business

**1600 S. FEDERAL HWY  
SUITE 820  
POMPANO BEACH FL 33062**

Mailing Address **C/O DR GOULET**

**1600 S. FEDERAL HWY  
SUITE 820  
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/21/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

**C/O DR. GOULET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**1600 S. Federal Hwy Ste 820**

City & State

City & State

23

28

**Pompano Beach FL**

Zip

Zip

24

29

**33062**

**U.S.A.**

30

4. FEI Number

**65-0481927**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOULET, MARK DR.  
1600 S. FEDERAL HWY  
SUITE 820  
POMPANO BEACH FL 33062**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
GOULET, MARK DR.  
1600 S. FEDERAL HWY, SUITE 820  
POMPANO BEACH FL 33062**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**GOULET MARC DR.**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Signature: [Signature] Date: 7/4/99 (954) 537-3631**

CR2E034 (5/99)

# British Diagnostic Institute

590070-90001-26  
P94000013977



7/4/99

To whom it may concern:

re: annual report

I did not receive your notice  
in January 99 for this year.

I called your department in  
Tallahassee & they told me  
to send \$150.00 with report &  
await your reply.

Please add c/o Dr. Gould to mailing  
address as I receive a great deal  
of mail & did not see your previous letter.  
Respectfully,

M. Gould M.D.

HEAD OFFICE: 1600 SOUTH FEDERAL SUITE 820 POMPANO BEACH, FLORIDA 33062

OFFICES IN BROWARD, DADE & PALM BEACH COUNTIES

TEL: (954) 786-5259 FAX: (954) 772-3625 EMAIL: SILVINTL@AOL.COM