2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4021 N. ARMEMIA AVE., SUITE 106

DOCUMENT # **P94000065689**

1. Entity Name

Principal Place of Business

SIGNATURE:

1021 N. ARMEMIA AVE., SUITE 106

TYRONE DIAGNOSTICS, INC.

FILED May 13, 2000 8:00 am Secretary of State 05-13-2000 90012 012 ***150.00

IAMPA FL 3360	77	TAMPA FL 33607-1009					
Principal Place of Business 3. Mailing Address							
					-		31 0 1011 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.		i i	DO NOT WRIT	E IN THIS SPACE	
City & State	e	City & State		4. F	4. FEI Number 59-3206895 Applied For Not Applicable		
Zip	Country	ntry Zip Coun		5. (5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KOPELOVICH, JOSEPH ESQ 4021 N. ARMEMIA AVE., SUITE 102 TAMPA FL 33607			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Coo	le
8. The above	named entity submits this statement for	the purpose of changing its	s registered office c	r registered age	ent, or both, in the State of Flo	rida.	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E: Registered Agent signa	ture required when re	einstating)	DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00 It of State	10. Election Campaign Fina Trust Fund Contribution	n. 🗆 Adde	00 May Be d to Fees
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPELOVICH, JOSEPH 4021 N. ARMENIA, STE. 102 TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that wered to execute this report	my signature shall l t as required by Ch	have the same I	legal effect as if made under c	oath; that I am an officer	r or director