

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90032 017 ***150.00

DOCUMENT # P95000003828

1. Entity Name
HIGHLAND DIAGNOSTIC SERVICES, INC.



Principal Place of Business
7416 COMMUNITY CT
HUDSON FL 34667-7101

Mailing Address
7416 COMMUNITY CT
HUDSON FL 34667-7101

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

Zip

34667

Country

USA

Zip

34667

Country

USA

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W ESQ.
6645 RIDGE ROAD
PORT RICHEY FL 34668

4. FEI Number **59-3291958**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ Delete
NAME **NOEL, STEPHEN**
STREET ADDRESS **7416 COMMUNITY CT**
CITY-ST-ZIP **HUDSON FL 34667-7101**

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
NAME **HIGH416 346672153 1403 31 07/05/03**
STREET ADDRESS **NOTIFY SENDER OF NEW ADDRESS**
CITY-ST-ZIP **HIGHLAND DIAGNOSTIC SERVICES**
7426 COMMUNITY CT
HUDSON FL 34667-7101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7426 Community Ct**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (4/03)



Attachment

Stephen Noel, M.D.
Board Certified Pathologist

80149107

#P95000003828

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

~~This is letter is to advise you that we did not receive prior~~
notice. We are enclosing the original filing fee of \$150.00.

Sincerely,

Stephen I Noel, MD

HIGHLAND DIAGNOSTIC SERVICES, INC.

Surgical Pathology / Cytology / FNA

7406 Community Court • Hudson, Florida 34667 • (727) 861-3333 • Fax (727) 861-7466

7426