

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016588

1. Entity Name

COUNTYWIDE DIAGNOSTICS, INC.

Principal Place of Business

10640 NW 26 PLACE
SUNRISE FL 33322

Mailing Address

10640 NW 26 PLACE
SUNRISE FL 33322-1014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0547904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITHERELL, CHARLES T
12970 SW 267 ST
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

Name

Witherell, Charles T.

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

1762 S. Anhinga Lane

City

Homestead

FL

Zip Code

33035

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME WITHERELL, CHARLES T
STREET ADDRESS 12970 SW 267 ST
CITY-ST-ZIP HOMESTEAD FL 33032

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WITHERELL, CHARLES, T.
STREET ADDRESS 1762 S. Anhinga Lane
CITY-ST-ZIP Homestead, FL 33035

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 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

3-15-00

Date

305 246-2225

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90088 041 ***150.00

626710



DO NOT WRITE IN THIS SPACE