

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029776

1. Entity Name

ELECTRO DIAGNOSTICS, INC.

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

01-20-2000 90173 025 ***150.00

Principal Place of Business

Mailing Address

601 E 49TH ST
STE B
HIALEAH FL 33013
US

757 W 50TH ST
HIALEAH FL 33012-3612
US

00006526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2020 SW 1ST STREET

3. Mailing Address

757 W. 50 ST

Suite, Apt. #, etc.

SUITE 200-B

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

HIALEAH, FL.

4. FEI Number

65-0572590

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33012

Country

USA

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

SAINZ, ANGELA
757 W 50TH ST
HIALEAH FL 33012

Name

ANGELA SAINZ

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

757 W. 50 ST.

City

HIALEAH

FL

Zip Code

33012

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

1/10/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SAINZ, ANGELA**
STREET ADDRESS **757 W 50 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **VP** ☒ Delete
NAME **MANUENO, SALVADOR**
STREET ADDRESS **757 W 50 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

1/10/2000

Date

305-785-3579

Daytime Phone #

CR2E034 (9/99)