

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91565 008 \*\*\*150.00

**DOCUMENT # P95000029776**

1. Entity Name  
**ELECTRO DIAGNOSTICS, INC.**

Principal Place of Business  
**2009 SW 1ST STREET  
 MIAMI FL 33125  
 US**

Mailing Address  
**757 W. 50 STREET  
 HIALEAH FL 33012  
 US**

2. Principal Place of Business

3. Mailing Address

**14829 NW 87 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI LAKES, FL**

4. FEI Number

**65-0572590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

Zip **33135**

Country

Zip **33018**

Country **USA**

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

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.

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, 2002 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**  
 NAME **SAINZ, ANGELA**  
 STREET ADDRESS **757 W 50 ST**  
 CITY-ST-ZIP **HIALEAH FL 33012**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **14829 NW 87 PL  
 MIAMI LAKES, FL 33018**

☒ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
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 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 and 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/02 (905) 785-3579**

CR2E034 (9/01)