

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071906

1. Entity Name

AMA DIAGNOSTICS, INC.

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-10-2000 90136 039 ***150.00

Principal Place of Business

Mailing Address

1001 W CYPRESS CREEK ROAD
SUITE 414
FORT LAUDERDALE FL 33309

1001 W CYPRESS CREEK ROAD
SUITE 414
FORT LAUDERDALE FL 33324-2351

2. Principal Place of Business

4545 NW 103rd AVE

3. Mailing Address

4545 NW 103rd AVE

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

65-0610324

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARROD, DAVID A
8210 WIZNER LANE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

FLOYD D WILKINSON

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

4545 NW 103rd AVE

#201

City

SUNRISE

FL

Zip Code

33325

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]

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

[Signature] FLOYD D WILKINSON President

(NOTE: Registered Agent signature required when reinstating)

5/30/00

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 **P** ☐ Delete
NAME **WILKINSON, FLOYD D.**
STREET ADDRESS **11751 S.W. 1ST. ST.**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOYD D WILKINSON

4/25/00

Date

6343400

Daytime Phone #