

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087364

1. Entity Name

HEALTH CARE DIAGNOSTICS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90255 039 ***150.00

Principal Place of Business

333 WEST BRIDGERS AVENUE
AUBURNDALE FL 33823
US

Mailing Address

333 WEST BRIDGERS AVENUE
AUBURNDALE FL 33823-4008
US

2. Principal Place of Business

902 Magnolia Ave.
Suite, Apt. #, etc.

3. Mailing Address

902 Magnolia Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Auburndale, FL

City & State

Auburndale, FL

4. FEI Number

59-3342961

Applied For

Not Applicable

Zip

33823

Polk

Zip

33823

Country

Polk

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANDERPOOL, WILLIAM
902 MAGNOLIA AVENUE
AUBURNDALE FL 33823-4008

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.

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)

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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	<input type="checkbox"/> Delete
NAME	WILLIAM VANDERPOOL	
STREET ADDRESS	104 LAKE WHISTLER DRIVE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHN HOWE	
STREET ADDRESS	PO BOX 7332	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL WEINER	
STREET ADDRESS	13910 FIVAY ROAD SUITE 18	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	509 Mandy St.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

William Vanderpool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00
Date

(863) 915-3510
Daytime Phone #

CR2E034 (9/99)