

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90293 019 ***150.00

DOCUMENT # P95000091973

1. Entity Name

DIAGNOSTIC CLINICAL TESTING, INC.

Principal Place of Business

2828 SOUTH SEACREST BLVD
STE 208
BOYNTON BEACH FL 33435
US

Mailing Address

102 NE 2ND ST #268
BOCA RATON FL 33432
US

2. Principal Place of Business

1722 A S. Congress Ave

3. Mailing Address

mm

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Springs, FL

City & State

4. FEI Number **65-0623940**

Applied For

Not Applicable

Zip
33461

Country

Zip

Country

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

FELD WILLIAM D
2828 SOUTH SEACREST
#208
BOYNTON BEACH FL 33435

Name

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

1722 A S. Congress Ave

City

Palm Springs

FL

Zip Code

33461

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, 2001 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 **FELD, WILLIAM D**
STREET ADDRESS **2828 SOUTH SEACREST BLVD, #208**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1722 A S. Congress Ave**
CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01

CR2E034 (10/00)