## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000010965** TROPICAL DIAGNOSTIC SERVICES, INC. 03-01-2000 90016 027 \*\*\*150.00 Mailing Address Principal Place of Business 3152 TINA MARIE DRIVE 3152 TINA MARIE DRIVE ZEPHYRHILLS FL 33543 ZEPHYRHILLS FL 33543-4946 010024 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3421732 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAY, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 3152 TINA MARIE DRIVE ZEPHYRHILLS FL 33543 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE RAY, WILLIAM J NAME STREET ADDRESS 3152 TINA MARIE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33543 Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: X WALLER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELEGATION DELEGATION