

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000065910**

1. Entity Name

ALLSTAR DIAGNOSTIC, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90131 025 ***150.00

Principal Place of Business

**814 NORTHEAST MIAMI GARDENS DRIVE
SUITE 406
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1814 NORTHEAST MIAMI GARDENS DRIVE
SUITE 406
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6067 Hollywood Blvd
Suite, Apt. #, etc.
3rd Floor**

3. Mailing Address

**6067 Hollywood Blvd.
Suite, Apt. #, etc.
3rd Floor**

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0779284

Applied For

Not Applicable

Zip

33024

Country

Broward

Zip

33024

Country

Broward5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COZZA, JOSEPH
1814 NORTHEAST MIAMI GARDENS DRIVE
SUITE 406
NORTH MIAMI BEACH FL 33179**

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)**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

**TITLE DPV
NAME COZZA, JOSEPH
STREET ADDRESS 1814 NORTHEAST MIAMI GARDENS DRIVE STE 406
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
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CITY-ST-ZIP**☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-102

Date

954 981-9777

Daytime Phone #

CR2E034 (9/01)