

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067817

1. Entity Name

PHYSICIANS DIAGNOSTIC SYSTEMS, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90100 038 \*\*\*150.00

Principal Place of Business Mailing Address

1840 CORAL WAY  
#203  
MIAMI FL 33145  
US

1840 CORAL WAY  
#203  
MIAMI FL 33145-2748  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0772181

Applied For

Not Applied

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

CARROLL, MARK M  
ONE BISCAYNE PLACE, SUITE 403  
11098 BISCAYNE BLVD  
MIAMI FL 33161

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, 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 WEISS, RACHELLE  
STREET ADDRESS 524 ARAGON AVE  
CITY-ST-ZIP MIAMI FL 33145

TITLE EV ☐ Delete  
NAME PRESS, JACK A  
STREET ADDRESS 530 MELALEUCA LN  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐  
NAME WEISS, RACHELLE  
STREET ADDRESS 832 Majorca Ave  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE EV ☒ Change ☐  
NAME Press, Jack  
STREET ADDRESS 530 Melaleuca Lane  
CITY-ST-ZIP Miami FL 33137

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

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

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

TITLE ☐ Change ☐  
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000113



DO NOT WRITE IN THIS SPACE

1/6/00 (305) 571-8378