

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000080636**1. Entity Name
GLOBAL DIAGNOSTIC SOLUTIONS, INC.Principal Place of Business
8375 NW 143 ST
MIAMI LAKES FL 33016 USMailing Address
8375 NW 143 ST
MIAMI LAKES FL 33016 US2. Principal Place of Business
2300 MCDERMOTT ROAD3. Mailing Address
2300 MCDERMOTT ROADSuite, Apt. #, etc.
#200-291Suite, Apt. #, etc.
#200-291City & State
PLANO TXCity & State
PLANO TXZip
75025Country
USZip
75025Country
US4. FEI Number
65-0789366Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBROWN JAMES DJR.
8375 NW 143 ST
MIAMI LAKES FL 33016**7. Name and Address of New Registered Agent**Name
BROWN JAMES DJR.
Street Address (P.O. Box Number is Not Acceptable)
228 VALENCIA AVENUE
City
CORAL GABLES FL Zip Code
33134

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 _____ **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
CFO	SANTOS FERNANDO R	2909 BELLERIVE DRIVE	PLANO TX 75025		

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: Ana E. Santos

PSDT 04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)