

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000099186**

1. Entity Name

NEURO DIAGNOSTICS & I.O.M., INC.**FILED**
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90158 036 ***150.00

Principal Place of Business

Mailing Address

**2647 NORTHWEST 33RD STREET, #2305
FT. LAUDERDALE FL 33309****PO BOX 24934
FT. LAUDERDALE FL 33307-4934****638415**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3250 NE 33RD ST**P.O. BOX 24934**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

Fort Lauderdale FLCity & State
Fort Lauderdale FL4. FEI Number **65-0795786**

Applied For

Not Applicable

Zip

Country

33308

Zip

Country

333075. 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

**MARTIN, MICHELE
2647 NW 33 ST STE 2305
FT LAUDERDALE FL 33309**

Name

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

3250 NE 33rd Street #1City **Fort Lauderdale** FL **33308**

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**Michele Martin, President****4-12-00**

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 State10. 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 **MARTIN, MICHELE L**
STREET ADDRESS **2647 NORTHWEST 33RD STREET, #2305**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3250 NE 33RD ST #1**
CITY-ST-ZIP **Fort Lauderdale FL 33308**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

CR2E034 (9/99)