

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90344 009 ***150.00

DOCUMENT # P97000099186

1. Entity Name

NEURO DIAGNOSTICS & I.O.M., INC.

Principal Place of Business

**3250 NE 53RD ST
#1
FORT LAUDERDALE FL 33308**

Mailing Address

**PO BOX 24934
FT. LAUDERDALE FL 33307**

2. Principal Place of Business

5570 NW 4th St. 404A

Mailing Address

5570 NW 4th St.

City & State

Lauderhill FL

Lauderhill FL

Zip

Country

33319

Country

6. Name and Address of Current Registered Agent

**MARTIN, MICHELE
3250 NE 33RD STREET #1
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

5570 NW 4th Street

#404A

Lauderhill

FL

33319

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]

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, 2001 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	<input type="checkbox"/> Delete
NAME	MARTIN, MICHELE L	
STREET ADDRESS	3250 NE 33RD ST #1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5570 NW 4th Street; 404A	
STREET ADDRESS	Lauderhill FL 33319	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

Michele Martin

Date

03-27-01

Daytime Phone #

(954) 494-1610

CR2E034 (10/00)