

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102547

1. Entity Name

U.S. DIAGNOSTIC CENTERS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90096 011 ***150.00

Principal Place of Business

Mailing Address

8489 S US 1
 PORT ST. LUCIE FL 34952
 US

8789 S US 1
 PORT ST. LUCIE FL 34952-3310
 US

2. Principal Place of Business

81 ROYAL PALM POINTE
 Suite, Apt #, etc.

3. Mailing Address

81 ROYAL PALM POINTE
 Suite, Apt #, etc.

City & State
 VERO BEACH, FL

City & State
 VERO BEACH FL

4. FEI Number 65-0798009

Applied For
 Not Applicable

Zip 32960 Country USA

Zip 32960 Country USA

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

LANDER, STEVEN ESQ.
 409 SE 7TH ST
 FORT LAUDERDALE FL 33301

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]

Ronald W. Bell, PRESIDENT

4/24/00
 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 State

10. 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	D	<input type="checkbox"/> Delete
NAME	BELL, RONALD	
STREET ADDRESS	PO BOX 4402	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDER, STEVE	
STREET ADDRESS	409 SE 7TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, HEATHER	
STREET ADDRESS	PO BOX 4402	
CITY-ST-ZIP	VERO BCH FL 32964	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald W. Bell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)