

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90448 011 ***150.00

DOCUMENT # P97000107321

1. Entity Name
INVERMED DIAGNOSTICS, INC.



Principal Place of Business
**4671 N.W. 88TH AVENUE
SUNRISE FL 33351**

Mailing Address
**4671 N.W. 88TH AVENUE
SUNRISE FL 33351**



2. Principal Place of Business
16247 NW 15th St

3. Mailing Address
16247 NW 15 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines FL

City & State
Pembroke Pines

4. FEI Number **65-0800815**

Applied For
Not Applicable

Zip
33028

Country
USA

Zip
33028

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

**RIVERO, DEBBI M
4671 N.W. 88TH AVENUE
SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debby Rivero*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RIVERO, DEBBI M**
STREET ADDRESS **4671 N.W. 88TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **P** ☒ Change ☐ Addition
NAME **RIVERO, DEBBI M**
STREET ADDRESS **16247 NW 15 Street**
CITY-ST-ZIP **Pembroke Pines FL 33028**

TITLE **VP** ☐ Delete
NAME **RIVERO, HUGO A**
STREET ADDRESS **4671 N.W. 88TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **VP** ☒ Change ☐ Addition
NAME **RIVERO HUGO A**
STREET ADDRESS **16247 NW 15 Street**
CITY-ST-ZIP **Pembroke Pines FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)