

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107790

1. Entity Name

OCTAGON DIAGNOSTICS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90103 006 ***150.00

Principal Place of Business

10640 NW 26TH PL
 SUNRISE FL 33322

Mailing Address

10640 NW 26TH PL
 SUNRISE FL 33322-1014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0801445

Applied For

Not Applicable

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

CRAFT, JOAN
 3614 SE 17TH AVE
 CAPE CORAL FL 33904

Name

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

41720 HORSESHOE RD

City

PUNTA GORDA,

FL

Zip Code

33955-9767

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

(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, 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
 NAME CRAFT, JOAN
 STREET ADDRESS 3614 SE 17TH AVE
 CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE D
 NAME JOAN CRAFT
 STREET ADDRESS 41720 HORSESHOE RD
 CITY-ST-ZIP PUNTA GORDA, FL 33955-9767 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

Joan Craft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

Daytime Phone #

CR2E034 (9/99)