

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90171 009 ***150.00

DOCUMENT # P98000003118

1. Entity Name
MEDICAL SPECIALTIES & DIAGNOSTIC SERVICES, INC.



Principal Place of Business
600 COURTLAND ST
STE 100
ORLANDO FL 32804

Mailing Address
110 MARCUS DRIVE
MELVILLE NY 1147

2. Principal Place of Business

3. Mailing Address

6 Corporate Center Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State
Melville, New York

Zip

Country

Zip
11747

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Gabe Imperato, Esq./Broad & Cassel

Street Address (P.O. Box Number is Not Acceptable)
1 Financial Plaza, Suite 2700

City Ft. Lauderdale FL Zip Code 33394

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

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	PTD	<input type="checkbox"/> Delete
NAME	DAMADIAN, TIMOTHY	
STREET ADDRESS	110 MARCUS DRIVE	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RODRIGO, XAVIER	
STREET ADDRESS	110 MARCUS DR.	
CITY-ST-ZIP	MELVILLE NY 11747	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Timothy Damadian

631-396-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)