

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90194 039 ***150.00

0618746 AT

DOCUMENT # P98000018635

1. Entity Name
**MEDICAL SPECIALTIES & DIAGNOSTIC SERVICES IN DEE
RFIELD BEACH, INC.**



Principal Place of Business
**1851 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33442**

Mailing Address
**110 MARCUS DRIVE
MELVILLE NY 11747**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROAD & CASSEL, ATTN: GABE IMPERATO ESQ.
BROWARD FINANCIAL CENTER
500 EAST BROWARD BLVD., STE. 1130
FT. LAUDERDALE FL 33394**

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

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
DAMADIAN, RAYMOND V
110 MARCUS DRIVE
MELVILLE NY 11747** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Raymond V. Damadian, President

Raymond V. Damadian

Date

4/10/03

631-694-2929

Daytime Phone #

CR2E034 (10/02)