

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90196 047 \*\*\*150.00

**DOCUMENT # P98000024011**

1. Entity Name

**DISCOVERY DIAGNOSTICS, INC**

Principal Place of Business

Mailing Address

**6499 38TH AVE. NORTH  
 SUITE G-1  
 ST. PETERSBURG FL 33710**

**6499 38TH AVE. NORTH  
 SUITE G-1  
 ST. PETERSBURG FL 33710-1658**

2. Principal Place of Business

3. Mailing Address

**4900 33RD AVE. N.  
 Suite, Apt. #, etc.**

**4900 33RD AVE. N.  
 Suite, Apt. #, etc.**

City & State

City & State

**ST. PETERSBURG, FL**

**ST. PETERSBURG, FL**

Zip

Country

**33710**

**USA**

Zip

Country

**33710**

**USA**

4. FEI Number

**59-3502225**

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

**MANEY, RICHARD H  
 101 E KENNEDY BLVD.  
 SUITE 3170  
 TAMPA FL 33602**

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, 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 **VP** ☐ Delete  
 NAME **PETRO, ALEX DR**  
 STREET ADDRESS **2699 SEVILLE BLVD., UNIT 609**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **P** ☐ Delete  
 NAME **ARVANITS, DOUG DR**  
 STREET ADDRESS **815 KIRKLAND CIRCLE**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/5/00 727-526-8489**

CR2E034 (9/99)