

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90076 047 \*\*\*150.00

DOCUMENT # **P98000057733**

1. Entity Name

**Vero Beach Diagnostics, Inc.**

Principal Place of Business

**Vero Beach Diagnostics**  
**3790 7th TERRACE**  
**Suite 202**  
**Vero Beach, FL 32960**

Mailing Address

**Vero Beach Diagnostics**  
**3790 7th TERRACE**  
**Suite 202**  
**Vero Beach, FL 32960**

**C0031904**

2. Principal Place of Business

**3790 7th TERRACE**

3. Mailing Address

**3790 7th TERRACE**

Suite, Apt. #, etc.

**Suite 202**

Suite, Apt. #, etc.

**Suite 202**

City & State

**Vero Beach, FL**

City & State

**Vero Beach, FL**

4. FEI Number

**0508443993**

Applied For

Not Applicable

Zip

**32960**

Country

**USA**

Zip

**32960**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Curtis Dali**  
**2208 8th Avenue**  
**Vero Beach, FL 32960**

7. Name and Address of New Registered Agent

Name **Curtis Dali**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3790 7th TERRACE, Suite 202**  
 City **Vero Beach** FL Zip Code **32960**

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

**Curtis Dali**

**2/27/01**

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Charles F. R. Hargy</b> <b>2208 8th Avenue</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Timothy J. Beem</b> <b>2208 8th Avenue</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Curtis Dali</b> <b>2208 8th Avenue</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Curtis Dali</b> <b>3790 7th TERRACE</b> <b>Vero Beach, FL 32960</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Thomas W. Lewis</b> <b>3790 7th TERRACE</b> <b>Vero Beach, FL 32960</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Curt Dali**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/01**

Date

**561-794-2222**

Daytime Phone #

CR2E034 (11/00)