FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90096 038 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057733

1. Entity Name
VERO BEACH DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
3790 7TH TERRACE STE 202 VERO BEACH, FL 32960	3790 7TH TERRACE STE 202 VERO BEACH, FL 32960

2. Principal Place of Business	3. Mailing Address
1715 37TH PL	1715 37TH PL
Suite, Apt. #, etc.: SECOND FLOOR	Suite, Apt. #, etc.: SECOND FLOOR
City & State: VERO BEACH, FL	City & State: VERO BEACH, FL
Zip: 32960 Country: IND. RIVER	Zip: 32960 Country: IND. RIVER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0843993 — 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
DALILI, CURTIS 3790 7TH TERRACE STE 202 VERO BEACH, FL 32960	Name: DALILI, CURTIS Street Address (P.O. Box Number is Not Acceptable): 1715 37TH PL SECOND FLOOR 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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	DP DALILI, CURTIS 3790 7TH TERRACE VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, THOMAS W 3790 7 TH TERRACE VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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] 8/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #