

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087353

1. Entity Name

ATLANTIC NEURODIAGNOSTICS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90024 017 ***150.00

Principal Place of Business

1395 N MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

1395 N MILITARY TRAIL
WEST PALM BEACH FL 33409-6016

2. Principal Place of Business

3. Mailing Address

2101 Marina Isle Way

Suite, Apt. #, etc.

#502

City & State

Jupiter FL

Zip

33477

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0870199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, ROBERT D
2101 MARINA ISLE WAY, #502
JUPITER FL 33477

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MCLAUGHLIN, ROBERT
STREET ADDRESS 2101 MARINA ISLE WAY #502
CITY-ST-ZIP JUPITER FL 33477

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

CR2E034 (9/99)