

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/21

FILED

Aug 21, 2000 8:00 am  
Secretary of State

07-28-2000 90152 029 \*\*\*550.00

DOCUMENT # P99000003780

1. Entity Name

AMERICAN DIAGNOSTIC GROUP, INC. ✓

Principal Place of Business

10446 BUENA VENTURA DR.  
BOCA RATON FL 33498

Mailing Address

10446 BUENA VENTURA DR.  
BOCA RATON FL 33498

2. Principal Place of Business

2151 W. HILLSBORO BLVD

Suite, Apt. #, etc.

SUITE 306

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA

3. Mailing Address

2151 W. HILLSBORO BLVD

Suite, Apt. #, etc.

SUITE 306

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1027299

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENWASSER, RONALD N  
5355 TOWN CENTER RD. STE. 801  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name GLENN A. BECKER

Street Address (P.O. Box Number is Not Acceptable)

2151 W. HILLSBORO BLVD

SUITE 306

City

DEERFIELD BEACH

FL

Zip Code

33442

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

*Glenn A. Becker* GLENN A. BECKER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/24/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	D	<input type="checkbox"/> Delete
NAME	BECKER, GLENN	
STREET ADDRESS	10446 BUENA VENTURA DR.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Glenn A. Becker* GLENN A. BECKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00

Date

954 426-8280

Daytime Phone #