

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90027 018 \*\*\*150.00

**DOCUMENT # P99000004697**

1. Entity Name

**FLORIDA MEDICAL DIAGNOSTIC SERVICES, INC.**

Principal Place of Business

**258 E. COMMERCIAL BLVD., SUITE 2L  
 LAUDERDALE BY THE SEA FL 33308**

Mailing Address

**258 E. COMMERCIAL BLVD., SUITE 2L  
 LAUDERDALE BY THE SEA FL 33308**

2. Principal Place of Business

3. Mailing Address

**991 E Commercial Blvd**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft Lauderdale FL**

City & State

**Ft Lauderdale FL**

4. FEI Number

**65-0888808**

Applied For

Not Applicable

Zip

**33334**

Country

Zip

**33334**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**THE LAW FIRM OF RUSSO & MITCHELL, P.A.  
 7515 W. OAKLAND PARK BLVD., #103  
 FT. LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

**Joyce F. Gunter**

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

**991 E Commercial Blvd**

City

**Ft Lauderdale**

FL

Zip Code

**33334**

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 **LAW Firm of Russo & Mitchell, P.A.**

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 **PSD** ☐ Delete  
 NAME **GUNTER, JOYCE F**  
 STREET ADDRESS **258 E. COMMERCIAL BLVD., SUITE 2L**  
 CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **991 E Commercial Blvd.**  
 CITY-ST-ZIP **Ft Lauderdale FL 33334**

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

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

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

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 #

CR2E034 (10/00)