

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 29194

1. Entity Name
INTERNATIONAL DIAGNOSTIC AND MEDICAL
SUPPLY CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90133 029 ***150.00

Principal Place of Business
650 WEST AVENUE
SUITE 2508
MIAMI BEACH, FL 33139

2. Principal Place of Business
650 WEST AVENUE
Suite, Apt. #, etc.
2507

City & State
MIAMI BEACH, FLORIDA
Zip
33139
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
City
Country

4. FEI Number
65-0908019
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LAWRENCE SALVO
650 WEST AVENUE, SUITE-2508-
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name
LAWRENCE SALVO
Street Address (P.O. Box Number is Not Acceptable)
650 WEST AVENUE, SUITE 2507
City
MIAMI BEACH FL Zip Code
33139

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
LAWRENCE A. SALVO
3/29/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECRETARY LAWRENCE SALVO 650 WEST AVENUE, SUITE 2508 MIAMI BEACH, FL 33139	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
LAWRENCE A. SALVO, PRESIDENT
3/29/00 305 535 0015
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)