

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90179 013 ***150.00

DOCUMENT # P99000049457

1. Entity Name
RIDGE DIAGNOSTICS, INC.

Principal Place of Business
1410 SOUTH POWERLINE ROAD #6
POMPANO BEACH FL 33069

Mailing Address
1410 SOUTH POWERLINE ROAD #6
POMPANO BEACH FL 33069

2. Principal Place of Business
3050 N. Palm Aire Dr.
 Suite, Apt. #, etc. **807**

3. Mailing Address
3050 N. Palm Aire Dr.
 Suite, Apt. #, etc. **807**

City & State
Pompano Beach
 Zip **33069** Country **USA**

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Pompano Beach
 Zip **33069** Country **USA**

4. FEI Number **65-0931826** 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

INGLIS, RICHARD K ESQ
2455 EAST SUNRISE BLVD SUITE 320
INTERNATIONAL BUILDING
FORT LAUDERDALE FL 33304

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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETRILAK, DOREEN		NAME		
STREET ADDRESS	344 89TH STREET 5-C		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11209		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Doreen Petrilak
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 954-957-8464
 Date Daytime Phone #

CR2E034 (10/00)