

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062506

1. Entity Name

BALANCE DX, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90096 012 ***150.00

Principal Place of Business

Mailing Address

8489 U.S. #1 SUITE 16
PORT ST. LUCIE FL 34952

8489 U.S. #1 SUITE 16
PORT ST. LUCIE FL 34952

2. Principal Place of Business

81 ROYAL PALM POINTE

3. Mailing Address

81 ROYAL PALM POINTE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FL

City & State

VERO BEACH, FL

4. FEI Number

65-0931734

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32960

Country

USA

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

BELL, RONALD W.

8489 U.S. #1 SUITE 16
PORT ST. LUCIE FL 34952

Name BELL, RONALD W.

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

81 ROYAL PALM POINTE

City VERO BEACH

FL

Zip Code

32960

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

R. W. BELL, RONALD W. BELL, PRESIDENT

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, RONALD W	
STREET ADDRESS	8489 U.S. #1 SUITE 16	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, HEATHER	
STREET ADDRESS	8489 U.S. #1 SUITE 16	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KELLY D.C.	
STREET ADDRESS	8489 U.S. #1 SUITE 16	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN GROOTHEEST, CORINE	
STREET ADDRESS	8489 U.S. #1 SUITE 16	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	81 ROYAL PALM POINTE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	81 ROYAL PALM POINTE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN J. WITTE MD	
STREET ADDRESS	81 ROYAL PALM POINTE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
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		

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

R. W. BELL, RONALD W. BELL

4/22/00

561.564.8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)