

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90047 049 \*\*\*150.00

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DOCUMENT # **P99000071724**

1. Entity Name  
**MARLIN DIAGNOSTICS & CHIROPRACTIC SERVICES, INC.**

Principal Place of Business 11200 PINES BLVD STE 101 PEMBROKE PINES FL 33026 US	Mailing Address 11200 PINES BLVD STE 101 PEMBROKE PINES FL 33026 US
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2. Principal Place of Business <b>1878 N.W. 74 Ave</b>	3. Mailing Address <b>1878 N.W. 74 Ave</b>
Suite, Apt. #, etc. <b>Pent</b>	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Pembroke Pines, FL</b>	City & State <b>Pembroke Pines, FL</b>	4. FEI Number <b>65-0933636</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33024</b>	Country <b>US</b>	Zip <b>33024</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MARLIN, CLAUDIA</b> 11200 PINES BLVD #101 PEMBROKE PINES FL 33026	7. Name and Address of New Registered Agent Name <b>CLAUDIA MARLIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1878 NW 74 Ave</b> City <b>Pembroke Pines FL 33024</b>
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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 *Claudia Marlin* DATE **3/25/02**  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LIN</b> <b>MARTIN, CLAUDIA</b> 11200 PINES BLVD #101 PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLAUDIA MARLIN</b> 1878 N.W. 74 Ave Pembroke Pines, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VALENTE, JOHN</b> 7224 NEPTUNE BASIN COURT BOCA RATON FL 33434 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Claudia Marlin* DATE **3/25/02** DAYTIME PHONE # **954-274-2752**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01) 11-2002