

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 007 ***150.00

DOCUMENT # P99000086880 ✓

1. Entity Name *American Diagnostic Marketing Corp*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20166 Ocean Key Dr.

Suite, Apt. #, etc.

3. Mailing Address

20166 Ocean Key Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65 095 1395

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Howard Kaplan*

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

20166 Ocean Key Drive

City *Boca Raton*

FL

Zip Code

33498

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

Signature, typed or printed name of registered agent and also if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Howard Kaplan*
STREET ADDRESS *20166 Ocean Key Drive*
CITY-STATE-ZIP *Boca Raton FL 33498*

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**DO NOT WRITE
IN THIS SPACE**

CR2E0348 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard Kaplan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4-29-02 (560) 477-6130

Date

Telephone Number