

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091139

1. Entity Name

SIMPSON DIAGNOSTICS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 30 AM 9:05

Principal Place of Business

3545-1 St. Johns Bluff Rd.  
JACKSONVILLE, FL 32224

Mailing Address

4110 Southpoint Blvd.  
#205  
JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

REINSTATEMENT 06-01

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3604067

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARD CAMP, CPA  
4110 Southpoint Blvd.  
#205  
JACKSONVILLE, FL 32216

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

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 ☐ Delete  
NAME Judith TORVIK  
STREET ADDRESS 3545-1 St. Johns Bluff Rd. #333  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE officer ☐ Change ☐ Addition  
NAME JUDITH TORVIK  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TODD McCLERRAN  
STREET ADDRESS 3545-1 St. Johns Bluff Rd  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE OFFICER ☐ Change ☒ Addition  
NAME TODD McCLERRAN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Leon McCLERRAN  
STREET ADDRESS 3545-1 St. Johns Bluff Rd  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE OFFICER ☐ Change ☒ Addition  
NAME Leon McCLERRAN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300003958813-9  
STREET ADDRESS -04/04/01--01061--005  
CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300003958813-9  
STREET ADDRESS -04/04/01--01061--006  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)