

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13316

1. Entity Name

VITAL NEURODIAGNOSTIC SERVICES, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90180 003 \*\*\*150.00

Principal Place of Business

Mailing Address

301 SE 17TH STREET  
#102  
OCALA FL 34471  
US

P.O. BOX 1712  
OCALA FL 34478-1712  
US

2. Principal Place of Business

3. Mailing Address

1021 S.W. 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

Zip  
34474

Country  
U.S.A.

Zip

Country

4. FEI Number

59-3032616

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

FAKHOURY, EMAD, A, F  
1021 SW 17TH ST  
OCALA FL 34474

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 reinstalling)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PMD  
FAKHOURY, EMAD, A, F  
1021 SW 17TH ST  
OCALA FL ☐ Delete

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

TITLE  
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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 #

Emad Fakhoury 4/28/00 (352) 357-3398

CR2EX14 (3/4/00)