FILED

## 2003 FOR PROFIT CORPORATION

## May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** S13316 **DOCUMENT #** 05-02-2003 90229 043 \*\*\*150.00 1. Entity Name VITAL NEURODIAGNOSTIC SERVICES, INC. Principal Place of Business Mailing Address 11034833 1021 SW 17TH STREET P.O. BOX 1712 **OCALA FL 34474** OCALA FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3032616 Not Applicable Zîp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAKHOURY, EMAD, A, F Street Address (P.O. Box Number is Not Acceptable) 1021 SW 17TH ST **OCALA FL 34474** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE d agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS(\$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition FAKHOURY, EMAD, A, F NAME NAME 1021 SW 17TH ST STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE FAKHOURY, MUNA M NAME STREET ADDRESS STREET ADDRESS 1021 SW 17TH ST CITY-ST-ZIP OCALA FL CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

**SIGNATURE:** 

NAME

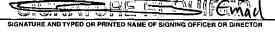
NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP



☐ Delete

Change

Addition