

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29342

1. Entity Name

ST. LUCIE DIAGNOSTIC CORPORATION

Principal Place of Business

Mailing Address

2215 NEBRASKA
SUITE 1E
FT. PIERCE FL 34950-9332
US

2215 NEBRASKA
SUITE 1E
FT. PIERCE FL 34950-4865
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0241149

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

SUBRAMANIAN, DR N
7204 ELYSE CIRCLE
FT PIERCE FL 34981

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

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

TITLE PD
NAME KATTA, JOSEPH J
STREET ADDRESS 1900 NEBRASKA AVE
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE VPD
NAME PLATZEK MD, BRUCE
STREET ADDRESS 2215 NEBRASKA
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE TD
NAME SUBRAMANIAN, NANJAPPA
STREET ADDRESS 2215 NEBRASKA
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE DS
NAME NAYYAR, MANJULA
STREET ADDRESS 2580 RHODE ISLAND AVE
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90055 002 ***155.00



DO NOT WRITE IN THIS SPACE

1/5/00.

561-461-2555