

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67332

1. Entity Name

SURGICAL IMAGE LABORATORIES, INC.

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

01-14-2000 90001 005 ***150.00

Principal Place of Business

1286 NEWPORT CENTER DR
DEERFIELD BEACH FL 33442
US

Mailing Address

1286 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442-7711
US

2. Principal Place of Business

1239 E. Newport Center Dr
Suite, Apt. #, etc.
117

3. Mailing Address

1239 E. Newport Center Dr
Suite, Apt. #, etc.
117



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number

65-0275864

Applied For

Not Applicable

Zip

Country

33442

U.S.A.

Zip

Country

33442

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLSKY, AMY S.
2300 GLADES RD
SUITE 307 E
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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 P
NAME BALAZS, ZOLTAN
STREET ADDRESS 2050 PARKSIDE CIR. S.
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE V
NAME STANKO, LEE
STREET ADDRESS 7754 VILLA NOVA DR N
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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

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

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

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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:

Lee Stanko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/00
Date

(954) 480-8323
Daytime Phone #

CR2E034 (9/99)