

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95525

1. Entity Name

SOUTHEAST DIAGNOSTICS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90111 015 ***150.00

00052051



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7027 W BROWARD BLVD SUITE 275 PLANTATION FL 33317	Mailing Address 7027 W BROWARD BLVD SUITE 275 PLANTATION FL 33317
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0295078	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent HEINZMAN, ROSS P. 7027 W BROWARD BLVD SUITE 275 PLANTATION FL 33317	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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
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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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINZMAN, ROSS P. 7027 W BROWARD BLVD #275 PLANTATION FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:	Date 4-27-01	Daytime Phone # 954-742-7247
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CR2E034 (10/00)