

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14160

1. Entity Name

LIBERTY DIAGNOSTIC, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90002 037 ***150.00

Principal Place of Business 1001 W CYPRESS CREEK RD SUITE 414 FT LAUDERDALE FL 33309 US	Mailing Address 1001 W CYPRESS CREEK RD SUITE 414 FT LAUDERDALE FL 33324-2351 US
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2. Principal Place of Business 4545 NW 103rd Ave # 201 Suite, Apt. #, etc.	3. Mailing Address 4545 NW 103rd Ave # 201 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Sunrise FL	City & State Sunrise FL	4. FEI Number 65-0311178	Applied For <input type="checkbox"/> Not Applicable
Zip 33351	Country USA	Zip 33351	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILKENS, FLOYD D 1280 S. POWERLINE RD #181 POMPANO BEACH FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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 WILKENS, FLOYD D 1280 S. POWERLINE RD #181 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARROD, DAVID A 9858 GLADES RD #178 BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete Resigned	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: FLOYD D WILKENS	Date 4/25/00	Daytime Phone # 954 634 3400
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CR2E034 (9/99)