Apr 08 03 08:39p

Apr 07 03 09:19a Christine M. Fares Walley 215-4

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Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90281 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58119

1. Entity Name
COMPREHENSIVE MEDICAL DIAGNOSTICS GROUP, INC.

300105906

Principal Place of Business
26 PINE BLVD
LAKEWOOD NJ 08701
US

Mailing Address
C/O NOVACK BURNBAUM ET AL
300 E. 42ND ST., 10TH FL.
NEW YORK NY 10017
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State: Lakewood
Zip / County

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / County

☑ CHECK HERE IF MAILING CHANGES

4. FEI Number 30-0122874 (~~65-0353816~~) — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 500
MIAMI FL 33156

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. It is familiar with, and accepts the obligations of, registered agent.

SIGNATURE _____ DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
Title / Name / Street Address / City-St-Zip	PD ASH, HOWARD 4233 SHERRIDAN AVENUE MIAMI BEACH FL 33140	☐ Delete	Title / Name / Street Address / City-St-Zip	D William M. O'Connor Esq Buchanan Ingersoll One Brickell Sq 35 Fl. Miami, Fla 33131	☐ Change ☑ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip	D Robert Gross 1557 N.E 162 St N. Miami Beach, Fla. 33162	☐ Change ☑ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Addition

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 above, if applicable. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or amending authorization to transact business in Florida is a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: _____ DATE _____

Signature, and TYPED OR PRINTED NAME OF Individual, Officer or Director