

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P 94000003211

1. Entity Name
DIAGNOSTICS UNLIMITED, INC

FILED

01 APR -9 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3381 FAIRLANE FARMS ROAD SAME
SUITE 300
WELLINGTON, FL 33414

2. Principal Place of Business 3. Mailing Address
3381 FAIRLANE FARMS RD 3381 FAIRLANE FARMS RD
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 3 SUITE 3

City & State City & State
WELLINGTON, FL 33414 WELLINGTON, FL 33414

Zip Country Zip Country
33414 Palm Beach 33414 Palm Beach

4. FEI Number Applied For
65-0475568 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE *00-01*

6. Name and Address of Current Registered Agent

SUESS, FRANK-P
17187 GULF PINE CIRCLE
WELLINGTON, FL 33414

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 *Frank P. Suss* DATE *3/6/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE PRESIDENT | <input type="checkbox"/> Delete |
| NAME SUESS, HERTA G. | |
| STREET ADDRESS 17187 GULF PINE CIRCLE | |
| CITY-ST-ZIP WELLINGTON, FL 33414 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

800004013948--9
-04/17/01--01095--011
*******300.00 *****300.00**
800004013948--9
-04/17/01--01095--012
*******8.75 *****8.75**

REINSTATEMENT

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]* DATE: *3/6/01* DAYTIME PHONE #: *561-795-9806*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)