

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000080636

1. Entity Name
GLOBAL DIAGNOSTIC SOLUTIONS, INC.

Principal Place of Business 8375 NW 143 ST MIAMI LAKES 33016	FL	Mailing Address 8375 NW 143 ST MIAMI LAKES 33016	FL
---	----	---	----

2. Principal Place of Business 2300 MCDERMOTT ROAD	3. Mailing Address 2300 MCDERMOTT ROAD
---	---

Suite, Apt. #, etc. #200-291	Suite, Apt. #, etc. #200-291
---------------------------------	---------------------------------

City & State PLANO TX	City & State PLANO TX
--------------------------	--------------------------

Zip 75025	Country US	Zip 75025	Country US
--------------	---------------	--------------	---------------

4. FEI Number 65-0789366	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN JAMES DJR.
 8375 NW 143 ST

 MIAMI LAKES FL
 33016

7. Name and Address of New Registered Agent

Name
BROWN JAMES DJR.
 Street Address (P.O. Box Number is Not Acceptable)
 228 VALENCIA AVENUE

 City
CORAL GABLES FL Zip Code
 33134

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 _____ **04/19/2001**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SANTOS FERNANDO R <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2909 BELLERIVE DRIVE PLANO TX 75025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT SANTOS ANA F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2909 BELLERIVE DRIVE PLANO TX 75025
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Ana E. Santos **PSDT** **04/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)