FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:44

DOCUMENT # **512984** **(6)**

1. Corporation Name
ROLANE DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
10180 RIVERSIDE DR. #6 PALM BEACH GARDENS FL 33410	10180 RIVERSIDE DR. #6 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1976**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-1693204** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIFRIT, POLLY
700 B VISION TERRACE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

(01) Name
(02) Street Address (P.O. Box Number is Not Acceptable)
(03)
(04) City **FL** (05) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	(11) TITLE	☐ Change ☐ Addition
NAME	SIFRIT, JAMES W.	(12) NAME	
STREET ADDRESS	700B VISION TERRACE	(13) STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	(14) CITY ST ZIP	
TITLE	VD	(21) TITLE	☐ Change ☐ Addition
NAME	SIFRIT, POLLY	(22) NAME	
STREET ADDRESS	700B VISION TERRACE	(23) STREET ADDRESS	
CITY ST ZIP	PALM BCH GDNS FL	(24) CITY ST ZIP	
TITLE		(31) TITLE	☐ Change ☐ Addition
NAME		(32) NAME	
STREET ADDRESS		(33) STREET ADDRESS	
CITY ST ZIP		(34) CITY ST ZIP	
TITLE		(41) TITLE	☐ Change ☐ Addition
NAME		(42) NAME	
STREET ADDRESS		(43) STREET ADDRESS	
CITY ST ZIP		(44) CITY ST ZIP	
TITLE		(51) TITLE	☐ Change ☐ Addition
NAME		(52) NAME	
STREET ADDRESS		(53) STREET ADDRESS	
CITY ST ZIP		(54) CITY ST ZIP	
TITLE		(61) TITLE	☐ Change ☐ Addition
NAME		(62) NAME	
STREET ADDRESS		(63) STREET ADDRESS	
CITY ST ZIP		(64) CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added to the report.

SIGNATURE: Polly Sifrit Polly Sifrit 1-13-95 407-694-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0260161 CP