

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/24/1976

3a. Date of Last Report

01/18/1995

4. FEI Number

59-1693204

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 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

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed on postcard and attached to this report and the applicable fee.

(If the Registered Agent signature required when making change.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
SIFRIT, JAMES W.
STREET ADDRESS
700B VISION TERRACE
CITY-STATE-ZIP
PALM BCH GDNS FL

1.1 TITLE ☐ Change ☐ Addition

1.2 TITLE ☐ DELETE

NAME
SIFRIT, POLLY
STREET ADDRESS
700B VISION TERRACE
CITY-STATE-ZIP
PALM BCH GDNS FL

1.2 NAME ☐ Change ☐ Addition

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.3 NAME ☐ Change ☐ Addition

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.4 NAME ☐ Change ☐ Addition

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 NAME ☐ Change ☐ Addition

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 NAME ☐ Change ☐ Addition

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.7 NAME ☐ Change ☐ Addition

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)(k), 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 on an attachment with an address.

SIGNATURE:

Polly Sifrit Polly Sifrit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

407-694-8158

Office Phone #

CR2E034 (12/95)