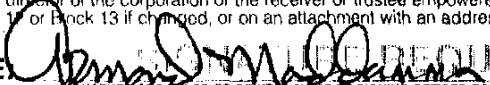


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 525889 (2)					
1. Corporation Name ADVANCED DIAGNOSTIC SYSTEMS, INC.					
Principal Place of Business 6855 HANGING MOSS ROAD ORLANDO FL 32807			Mailing Address 6855 HANGING MOSS ROAD ORLANDO FL 32807-5326		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1977	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 59-1711198	
23 Zip		28 Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent REED, ALLAN L. 6855 HANGING MOSS ROAD ORLANDO FL 32807			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code FL		
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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	VDS	☐ DELETE			
NAME	ELLIS, ROBERT E				
STREET ADDRESS	1232 CHEETAH TRAIL				
CITY-ST-ZIP	WINTER SPRGS, FL 0				
TITLE	PD	☐ DELETE			
NAME	REED, ALLAN L				
STREET ADDRESS	7692 PALES CT				
CITY-ST-ZIP	ORLANDO, FL 0				
TITLE	D	☐ DELETE			
NAME	REED, SARA L				
STREET ADDRESS	7692 PALES CT				
CITY-ST-ZIP	ORLANDO, FL 0				
TITLE	D	☐ DELETE			
NAME	ELLIS, DOROTHY				
STREET ADDRESS	1232 CHEETAH TRAIL				
CITY-ST-ZIP	WINTER SPRGS, FL 0				
TITLE	VDT	☐ DELETE			
NAME	MADDAMMA, ARMAND				
STREET ADDRESS	4701 ELAINE PL				
CITY-ST-ZIP	ORLANDO, FL 00000				
TITLE	D	☐ DELETE			
NAME	MADDAMMA, E DIANE				
STREET ADDRESS	4701 ELAINE PL				
CITY-ST-ZIP	ORLANDO, FL 00000				
14. I do 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 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  ARMAND MADDAMMA 4/24/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)