

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 11 09:23

DOCUMENT # L80734 (1)

1. Corporation Name
MEDCO DIAGNOSTICS, INC.

Principal Place of Business Mailing Address
C/O ROGER BROWN 4720 N.W. BOCA RATON BLVD., SUITE D-103 BOCA RATON FL 33431-1871
C/O ROGER BROWN 4720 N.W. BOCA RATON BLVD., SUITE D-103 BOCA RATON FL 33431-1871

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/15/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0202890** 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. The corporation has liability for intangible tax under s. 185.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2000 GLADES ROAD** ← 20 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 206** 27
City & State City & State
23 **BOCA RATON FL** 28
Zip Country Zip Country
24 **33431** 25 **USA** 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, ROGER
3265 ST. JAMES DR.
BOCA RATON FL 33434**

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 of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature (in full or printed name) of current agent and this application

(NOTE: Registered Agent signature required when reinstating)

DATE **6/9/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BROWN, ROGER**
STREET ADDRESS **4720 NW BOCA RATON BL, SUITE D-105**
CITY - ST - ZIP **BOCA RATON FL**

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1.1 TITLE Change Addition
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1.3 STREET ADDRESS
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2.1 TITLE Change Addition
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3.1 TITLE Change Addition
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3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE **6/9/95** TELEPHONE # **707-394-3477**

CR2E034 (3/95)