

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L80734** (1)

1. Corporation Name
MEDCO DIAGNOSTICS, INC.



Principal Place of Business: 2000 GLADES RD STE 206 BOCA RATON FL 33431 US
Mailing Address: 2000 GLADES RD STE 206 BOCA RATON F 33431 US

3. Date Incorporated or Qualified: **06/15/1990**
3a. Date of Last Report: **06/13/1995**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **3003-C8 YAMATO ROAD**
Suite, Apt #, etc.: **SUITE 1024**
22
City & State: **BOCA RATON**
23
Zip: **FL 33434** Country: **USA**
24

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**

9. Name and Address of Current Registered Agent
BROWN, ROGER
3265 ST. JAMES DR.
BOCA RATON FL 33434

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]* DATE: **6/6/96**

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **BROWN, ROGER**
STREET ADDRESS: **4720 NW BOCA RATON BL, SUITE D-105**
CITY-ST-ZIP: **BOCA RATON FL**
[Empty rows for other officers/directors]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
[Empty rows for additions/changes]

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 in 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, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/6/96** 407-338-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)