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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000014982 (1)

1. Corporation Name
SIGNET DIAGNOSTIC CORPORATION

Principal Place of Business	Mailing Address
3931 RCA BLVD SUITE 3106 PALM BCH GARDENS FL 33410 US	3931 RCA BLVD SUITE 3106 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1993

2. Principal Place of Business	2a. Mailing Address
21 3555 FISCAL CT.	26 3555 FISCAL CT.
Suite, Apt. #, etc. 22 # 8 & 9	Suite, Apt. #, etc. 27 # 8 & 9
City & State 23 RIVIERA BEACH, FL	City & State 28 RIVIERA BEACH, FL
Zip 24 33404 Country 25 U.S.A.	Zip 29 33404 Country 30 U.S.A.

4. FEI Number 65-0392284 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PASULA, MARK J PH.D.		1.2 NAME		
STREET ADDRESS	15865 79TH TERR N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, MICHAEL		2.2 NAME		
STREET ADDRESS	3119 ORANGE BLOSSOM CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JERRY III		3.2 NAME		
STREET ADDRESS	1208 SUNSET AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY GA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRISPIN, SAM		4.2 NAME		
STREET ADDRESS	2699 S BAYSHORE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: _____ 5-27-98