

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

55 MAY -1 PM 10:03

DOCUMENT # **P93000053399 (0)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLDENSTAM ENTERPRISES, INC.

3258 HYDE PARK DR
CLEARWATER FL 34621

3258 HYDE PARK DR
CLEARWATER FL 34621

2	2a	3	3a
21	26	4	5
22	27	5	\$8.75 Additional Fee Required
23	28	6	\$5.00 May Be Added to Fees
24	29	6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FLYNN, WILLIAM J FOWLER WHITE GILLEN BOGGS VILLAREAL 501 E KENNEDY BLVD SUITE 1700 TAMPA FL 33602		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 600.01 and 600.02, 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. The 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 law for the State of Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: D OLDENSTAM, JACKIE 3258 HYDE PARK DR CLEARWATER FL 34621	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified to act as the registered agent for the corporation. I further certify that the corporation has paid the filing fee and the appropriate postage request. I have also calculated and paid the corporation's annual fee. I have also calculated and paid the corporation's annual fee. I have also calculated and paid the corporation's annual fee. I have also calculated and paid the corporation's annual fee.

SIGNATURE: *Jackie Oldenstam*
 SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

4/27/95 (S13) 442-8068

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1995



APPROVED
08/02/93
MJD

DOCUMENT # P93000053867 (6)

AMERICAN MOBILE DIAGNOSTIC, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

3602 S WAVERLY PLACE
TAMPA FL 33629

3602 S WAVERLY PLACE
TAMPA FL 33629

21	1408 N. Westshore Blvd	26	1408 N. Westshore Blvd
22	110	27	110
23	TAMPA FLORIDA	28	TAMPA FLORIDA
24	33607	29	33607
25	USA	30	USA

9 Name and Address of Current Registered Agent

BELDEN, DOUGLAS R
3602 WAVERLY PLACE
TAMPA FL 33629

3	08/02/1993	3a	04/28/1994
4	59-3212575	5	\$8.75 Additional Fee Required
6		7	\$5.00 May Be Added to Fees
10	Name and Address of New Registered Agent		

81
82 Street Address
1408 N. Westshore Blvd
83
Suite 110
84
Tampa
85
FL 33607

[Handwritten Signature]

4/28/94

12. OPT
BELDEN, DOUGLAS R JR.
3602 WAVERLY PLACE
TAMPA FL 33629

13. X
1408 N. Westshore Blvd, Suite 110
Tampa Florida 33607 X
CSP
CHARLES M. DAVIS JR
1408 N. Westshore Blvd, Suite 110
TAMPA FL 33607

SIGNATURE: *[Handwritten Signature]* Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR OTHER FOR

4/28/94 (813) 289-7755