

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077667 (2)

1. Corporation Name

PRIMARY DIAGNOSTICS, INC.



Principal Place of Business 9100 S DADELAND BLVD SUITE 400 MIAMI FL 33156-7815	Mailing Address 9100 S DADELAND BLVD SUITE 400 MIAMI FL 33156-7819
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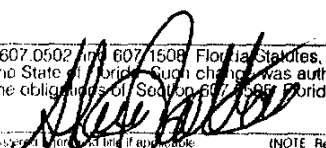
3. Date Incorporated or Qualified 11/04/1993	3a. Date of Last Report 06/18/1996
4. FEI Number 65-0445142	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 2100 Calle Ida Road Suite, Apt. #, etc. 22 Delray Beach, FL City & State 23 Zip 33445 Country	2a. Mailing Address 26 2100 Calle Ida Rd Suite, Apt. #, etc. 27 Delray Beach FL City & State 28 Zip 33445 Country
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9. Name and Address of Current Registered Agent BRAXTON, HAROLD M 9100 S DADELAND BLVD SUITE 400 MIAMI FL 33156-7815
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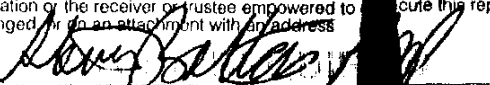
10. Name and Address of New Registered Agent	
81 Name Steven Bottari	82 Street Address (P.O. Box Number is Not Acceptable) 2345 N.W. 43rd St
83	84 City Boca Raton, FL
85 Zip Code 33431	DATE 5/15/97

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 agent 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 607.0502, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE Steven Bottari	☒ Change ☐ Addition
NAME BRAXTON, HAROLD M		1.2 NAME 2345 N.W. 43rd St	
STREET ADDRESS 9100 S DADELAND BLVD SUITE 400		1.3 STREET ADDRESS Boca Raton, FL 33431	
CITY-STATE-ZIP MIAMI FL 33156-7815		1.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  4/17/97 561-265-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)