

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P94000020153 (0)**

1. Corporation Name  
**EXECUTIVE DIAGNOSTICS, INC.**



Principal Place of Business: **10640 NW 26TH PLACE, SUNRISE FL 33322**  
Mailing Address: **10640 NW 26TH PLACE, SUNRISE FL 33322**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional locations.

3. Date Incorporated or Qualified: **03/11/1994**  
3a. Date of Last Report: **07/13/1995**  
4. FEI Number: **65-0467035**  
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

9. Name and Address of Current Registered Agent: **CIMA, JAMES P, 12 SHELDRAKE LANE, PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0302 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 607.0305, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS (1-5) fields with delete checkboxes.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (6-10) fields with change/addition checkboxes.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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 thereof, as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. James P. Cima*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96  
407-627-3810

CR2E034 (12/95)