FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000001091 (4)**

1. Corporation Name

GLOBE-TEL DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
12700 BISCAYNE BLVD. SUITE 202 N. MIAMI FL 33181	12700 BISCAYNE BLVD. SUITE 202 N. MIAMI FL 33181

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22: SUITE 400
Suite, Apt. #, etc. — 27: SUITE 400

City & State — 23:
City & State — 28:

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0544968 ☐ 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

9. Name and Address of Current Registered Agent

KALCHMAN, CHARLES Z ESQ.
1111 LINCOLN RD.
SUITE 325
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: ABRAHAM A. GALBUT ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 995 WASHINGTON AVE
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

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: _____ DATE
(Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: CEO / DIRECTOR 1.2 NAME: ABRAHAM A. GALBUT 1.3 STREET ADDRESS: N. MICHIGAN AVE. 1.4 CITY-ST-ZIP: MIAMI BEACH, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: DIRECTOR 2.2 NAME: DAVID L. GALBUT 2.3 STREET ADDRESS: 4730 NORTH BAY ROAD 2.4 CITY-ST-ZIP: MIAMI BEACH, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: SECRETARY 3.2 NAME: YANIV DAGAN 3.3 STREET ADDRESS: 286 NE 200 TERRACE 3.4 CITY-ST-ZIP: NORTH MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 this 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: _____ SECRETARY — 6-13-96 — (305) 891-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)