

**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 # P95000067804 (1)

1. Corporation Name  
**MED-TEST DIAGNOSTIC, INC.**



Principal Place of Business: ~~4840 WEST 40 STREET #726 HIALEAH FL 33012~~  
3972 NW 36 ST Hialeah, FL 33142

Mailing Address: ~~4840 WEST 40 STREET #726 HIALEAH FL 33012~~  
3972 NW 36 ST Hialeah, FL 33142

3. Date Incorporated or Qualified: 09/01/1995  
3a. Date of Last Report

2. Principal Place of Business: 21 3972 N.W. 36 ST  
22 Suite, Apt. #, etc.  
23 City & State: HIALEAH, FL 33142  
24 Zip: 33142 25 Country: U.S.

2a. Mailing Address: 26 3972 N.W. 36 ST  
27 Suite, Apt. #, etc.  
28 City & State: HIALEAH, FL  
29 Zip: 33142 30 Country: US

4. FEI Number:  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: VEGA, LAZARO, 10275 COLLINS AVENUE #726, MIAMI BEACH FL 33154

10. Name and Address of New Registered Agent: 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: Signature (typed or printed name of registered agent at the top of this block) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, LAZARO	12. NAME	PRESIDENT (A)
STREET ADDRESS	10275 COLLINS AVENUE #726	13. STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33154	14. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	CARMEN PEREZ
STREET ADDRESS		23. STREET ADDRESS	10275 COLLINS AVE #633
CITY - ST - ZIP		24. CITY - ST - ZIP	MIAMI BEACH, FL 33154
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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)(k), 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: LAZARO VEGA 1/22/96 305-870-9466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)