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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064593

1. Corporation Name

DAOLLIN	E DIAGNOSTICS, INC.									
Principal Place	of Business	Mailing Address	_							
7900 NW 33 ST #104 P O BOX 450774								-		
203 SUNRISE FL 33345 DAVIE FL 33024 US						DO NOT WRITE IN THIS SPACE				
US		00			3.	Date Incorporated or Qualifed				
					1	07/26/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number			plied For	
21 /140	I NWZYTh St	26 P. O. 130K	4507	774		65-0688386	*		t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75		
22		27	_		-		- 	Fee Re		
City & State	9T-i	City & State	Fl.		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
23 / /aw	- Country	28 SUNTSC-11	Cour	ntry .	1.0	This corporation owes the current y	ear Intan		01003	
<u>3</u> 332		29 33345		count d	8.	Personal Property Tax.			₽N6	
24 2326	9. Name and Address of Current		1301 130 		10.	Name and Address of New Regis	tered Ag	ent		
			_	81 Name		•		•		
	RIGUEZ, MIGUEL J			82 Street Addre	ess (F	P.O. Box Number is Not Acceptable)				
	SOUTH UNIVERSITY DRIVE		į	officer Assirt	000 ()	,	,			
DAVI	E FL 33328			83						
			į	84 City		•		85 Zip	Code	
							<u>FL</u>			
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Fiorida. Such change was a	numonzea	by the corporatio	oration on's bo	n submits this statement for the purp oard of directors. I hereby accept the	ose of cn appointr	anging its ment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E. Renistered	Agent signature required	d when i	reinstating)	ATE			
12.		and due it approadle. (NOTE	riogistorou	igani agnatara raq						
	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12	
TITLE	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TII	LE		ADDITIONS/CHANGES TO OFFICE		DIRECTO Change	RS IN 12	
						ADDITIONS/CHANGES TO OFFICE				
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14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRE REQUIRED