

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

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P94000049051
1. Corporation Name
A.B.C. DIAGNOSTIC TESTING, INC.

Principal Place of Business Mailing Address
756 Riverside Drive
Coral Springs, FL 33065

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1394 N.W. 100th Avenue		26 1394 N.W. 100th Ave.		65-0533417		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Coral Springs, FL		28 Coral Springs, FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 33065		25 Broward		29 33065		30 Broward	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
Filings, Inc.
3732 N.W. 16th Street
Ft. Lauderdale, FL 33311

10. Name and Address of New Registered Agent
81 Name Jerome R. Siegel, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 9345 W. Sample Road
83
84 City Coral Springs FL 85 Zip Code 33065

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, 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]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manuel Vazquez	12 NAME	Manuel Vazquez
STREET ADDRESS	756 Riverside Drive	13 STREET ADDRESS	1394 N.W. 100th Avenue
CITY - ST - ZIP	Coral Springs FL 33065	14 CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	Secretary, Treasurer	21 TITLE	Secretary, Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Vazquez	22 NAME	Melissa Vazquez
STREET ADDRESS	756 Riverside Drive	23 STREET ADDRESS	1394 N.W. 100th Avenue
CITY - ST - ZIP	Coral Springs, FL 33065	24 CITY - ST - ZIP	Coral Springs, FL 33065
TITLE		31 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		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 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		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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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 110 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: *[Signature]* Manuel Vazquez, (305) 755-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) _____