FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 PM 1:04

DOCUMENT # **525889** (2)

1. Corporation Name

ADVANCED DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
6855 HANGING MOSS ROAD ORLANDO FL 32807	6855 HANGING MOSS ROAD ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1977
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1711198 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.0 Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt # etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

REED, ALLAN L.
6855 HANGING MOSS ROAD
ORLANDO FL 32807

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 / 617.0502, 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

12. OFFICERS AND DIRECTORS	
TITLE	VDS
NAME	ELLIS, ROBERT E
STREET ADDRESS	1232 CHEETAH TRAIL
CITY-ST-ZIP	WINTER SPRGS, FL 0
TITLE	PD
NAME	REED, ALLAN L
STREET ADDRESS	7692 PALES CT
CITY-ST-ZIP	ORLANDO, FL 0
TITLE	D
NAME	REED, SARA L
STREET ADDRESS	7692 PALES CT
CITY-ST-ZIP	ORLANDO, FL 0
TITLE	D
NAME	ELLIS, DOROTHY
STREET ADDRESS	1232 CHEETAH TRAIL
CITY-ST-ZIP	WINTER SPRGS, FL 0
TITLE	VDT
NAME	MADDAMMA, ARMAND
STREET ADDRESS	4701 ELAINE PL
CITY-ST-ZIP	ORANDO,F L 00000
TITLE	D
NAME	MADDAMMA, F DIANE
STREET ADDRESS	4701 ELAINE PL
CITY-ST-ZIP	ORANDO,F L 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

REMITTED BY MAY 1

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(1)(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.

SIGNATURE: Armand Maddamma — ARMAND MADDAMMA — 4/19/95 — 407-671-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063884 CP