



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 026 ***158.75

DOCUMENT # F01000001808 1. Entity Name IVAX DIAGNOSTICS, INC.					
Principal Place of Business 2140 NORTH MIAMI AVE ATTN: DUANE STEELE MIAMI, FL 33127			Mailing Address 2140 NORTH MIAMI AVE ATTN: DUANE STEELE MIAMI, FL 33127		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01192005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 11-3500746	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE <input type="checkbox"/> Delete D'URSO, GIORGIO 2140 NORTH MIAMI AVE. MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED RETURN FOR ADDITIONAL DIRECTORS & OFFICERS. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTC <input type="checkbox"/> Delete STEELE, DUANE 2140 NORTH MIAMI AVE. MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete DEUTSCH, MARK 2140 NORTH MIAMI AVE. MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BORSTING, JACK PHD 4400 BISCAYNE BLVD. MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FROST, PHILLIP M.D. 4400 BISCAYNE BLVD. MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLANZRAICH, NEIL 4400 BISCAYNE BLVD. MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: MARK DESSIN			01/19/2005 305-324-2300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

IVAX DIAGNOSTICS, INC.
2140 NORTH MIAMI AVENUE
MIAMI, FLORIDA 33127
305-324-2300
WWW.IVAXDIAGNOSTICS.COM

ATTACHMENT

40055380

DOCUMENT NUMBER: F01000001808
UBR YEAR: 2004
FEDERAL EIN: 11-3500746

THE FOLLOWING IS A COMPLETE LISTING OF THE OFFICERS AND DIRECTORS OF THIS CORPORATION.

NAME

TITLE

THESE DIRECTORS MAY BE CONTACTED AT:

4400 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33137

PHILLIP FROST	DIRECTOR (CHAIRMAN)
NEIL FLANZRAICH	DIRECTOR
JANE HSIAO	DIRECTOR
JOHN HARLEY	DIRECTOR
JACK BORSTING	DIRECTOR
JOSE J VALDES-FAULI	DIRECTOR
GLENN L HALPRYN	DIRECTOR

THE FOLLOWING PERSONS CAN BE CONTACTED AT THE OFFICES OF IVAX DIAGNOSTICS AS ABOVE.

GIORGIO D'URSO	DIRECTOR PRESIDENT CEO
DUANE STEELE	VP - BUSINESS DEVELOPMENT
MARK DEUTSCH	VP-FINANCE SECRETARY TREASURER CFO
RAUL ALVAREZ	VP - INTERNATIONAL SALES & MARKETING