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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

F26960

(7)

DELTA DIAGNOSTICS, INC.

| S421 S. BRYANT AVE. SANFORD FL 32773 US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 03/26/1981 3. Date incorporated or Qualified 08/14/1995 4. FEI Number 1995 59-2096053 1. Not Applied F. S9-2096053 3. Date incorporated or Qualified 08/14/1995 4. FEI Number 1995 59-2096053 1. Not Applied F. S9-2096053 3. Date incorporated or Qualified 08/14/1995 4. FEI Number 1995 59-2096053 3. Date incorporated or Qualified 08/14/1995 4. FEI Number 1995 59-2096053 59-2096053 50-10 Not Applied F. Not Address 1995 59-2096053 50-10 Not Applied F. S9-2096053 50-10 Not Appl | Principal Place | of Business | Mailing Address | | | |
|--|---------------------------------------|--|--|-----------------------------------|--|--|
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. A FEI Number 2. Applied F Sp-2096053 Not Applied F Sulte, Apt. #, etc. 2. Sulte, | 5421 S. BR SANFORD I | YANT AVE. | POST OFFICE BOX MAITLAND FL 32794 | | | · |
| 2. Principal Place of Business | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. #, etc. Suite, Apt. #, etc. #, | | ce of Business | h | | I | Applied For |
| City & State City & State City & State City & State Country Zip Country R. This corporation has liability for intengible tax under s. 199.032 Florida Statutes Yes No Name and Address of Current Registered Agent Name Registered Agent Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Registered Regist | | , etc. | ······································ | | | SR 75 Additional |
| Trust Fund Contribution | 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORBETT, SCOTT (P.A.) 2518 EDGEWATER DRIVE ORLANDO FL 32802 82 Street Address (P.O. Box Number is Not Acceptable) 83 Virget Address (P.O. Box Number is Not Acceptable) 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typic or prelited name of registered agent and toto a applicable. (NOTE Hogstered Agent signature required when reliability) DATE. 12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | r | | | \$5.00 May Be Added to Fees |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent CORBETT, SCOTT (P.A.) 2518 EDGEWATER DRIVE ORLANDO FL 32802 81 | | Country | h | in and | | |
| CORBETT, SCOTT (P.A.) 2518 EDGEWATER DRIVE ORLANDO FL 32802 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 Oity 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type or printed name of registered agent and teld applicable. (NOTE: Registered Agent signature regarded whomer reinstating) DATE. 12. OFFICERS AND DIRECTORS 11.2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | 24 | | | [30] | | |
| CORBETT, SCOTT (P.A.) 2518 EDGEWATER DRIVE ORLANDO FL 32802 84 Oity 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type of or printed name of registered agent and other applicable. (NOTE: Hopstered Agent signature required when reliabiling) DATE 12. OFFICERS AND DIRECTORS IN 12 | | 9. Name and Address of Curr | rent Registereo Agent | R1 Name | 10, Name and Address of New He | gistered Agent |
| 2518 EDGEWATER DRIVE ORLANDO FL 32802 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typico or printed name of registered agent and table it applicable. (NOTE: Hopstered Agent signature recepted when relistating) DATE. 12. OFFICERS AND DIRECTORS 11. | CODDI | ETT COOTT (D.A.) | | OI IVAING | | |
| ORLANDO FL 32802 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typico or protect name of registered agent and table it applicable. (NOTE: Hoppstered Agent signature recepted when relinstating) DATE. 12. OFFICERS AND DIRECTORS 11.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | 2518 EDGEWATER DRIVE | | | 82 Street | Address (P.O. Box Number is Not Acceptable | |
| 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type of or protein agent and told if applicable. (NOTE: Hopstered Agent signature required when reinstating. DATE. 12. OFFICERS AND DIRECTORS IN 12. | | | | 83 | | *************************************** |
| 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type of or protein agent and told if applicable. (NOTE: Hopstered Agent signature required when reinstating. DATE. 12. OFFICERS AND DIRECTORS IN 12. | · · · · · · · · · · · · · · · · · · · | | | 24 67 | W. 44 Mar. 4 Mar. 11 M | |
| or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typico or proted name of logiconal agent and total applicable. (NOTE: Registered Agent signature required when relistating DATE. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | | | | 84 City | | FL 85 Zip Code |
| Signature, type discreted agent and other applicable. (NOTE: Registered Agent signature received when reinstating) DATE. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | or registere | d agent, or both, in the State of Fid | orida. Such change was authorize | ed by the corporation's | rporation submits this statement for the purp board of directors. I hereby accept the appoi | ose of changing its registered office nument as registered agent. I am |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | SIGNATURE | enables tende or probed pages of registered an | word send title it people able (NIC) | Ti - Banistanad Brand Birnatus ra | we have a whose principalities? | DATE |
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| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.4 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 furth | | nertify that the information executor | d with this filing is not interly food | | ify for the exempt on cloted in Castion 140.0 | 7/3//L) Florida Statutas I further |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.00

(401) 330 2388