FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92000000353 (4)**

1. Corporation Name

BIO/DIAGNOSTIC, INC.

Principal Place of Business

3011 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064

Mailing Address

3011 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified: **11/05/1992**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **65-0362315** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAMBERS, EDWARD G
3011 - N.E. 17TH AVENUE
LIGHTHOUSE POINT FL 33064

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 and 617.1502, 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. Said corporation is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE		☐ Change ☐ Addition
NAME	HORTON, ROBERT R M.D.			
STREET ADDRESS	515 EAST ISLAY, (B)			
CITY-ST-ZIP	SANTA BARBARA CA			
TITLE	ST	☐ DELETE		☐ Change ☐ Addition
NAME	CHAMBERS, EDWARD G			
STREET ADDRESS	3011 N.E. 27TH AVENUE			
CITY-ST-ZIP	LIGHTHOUSE POINT FL			
TITLE	PD	☐ DELETE		☐ Change ☐ Addition
NAME	SCHMUCKER, DONALD C			
STREET ADDRESS	1106 DUNCAN DR			
CITY-ST-ZIP	WINTER SPGS FL			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	MONCUR, LARRY R			
STREET ADDRESS	758 VIA MANANA			
CITY-ST-ZIP	SANTA BARBARA CA			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	MATHEWS, BARBARA E			
STREET ADDRESS	1100 E MOUNTAIN DR			
CITY-ST-ZIP	SANTA BARBARA CA			
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is true and accurate, that my electronic 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 added above.

SIGNATURE: Edward G Chambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/96 (305) 941-8484
Date Daytime Phone #

CR2E034 (12/95)