

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33064-8183
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3. Date Incorporated or Qualified 11/05/1992	3a. Date of Last Report 04/01/1996
4. FEI Number 65-0362315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CHAMBERS, EDWARD G
3011 - N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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, 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
NAME	STREET ADDRESS	13. STREET ADDRESS	14. CITY-ST-ZIP
CITY-ST-ZIP		21. TITLE	22. NAME
		23. STREET ADDRESS	24. CITY-ST-ZIP
TITLE	NAME	31. TITLE	32. NAME
NAME	STREET ADDRESS	33. STREET ADDRESS	34. CITY-ST-ZIP
CITY-ST-ZIP		41. TITLE	42. NAME
		43. STREET ADDRESS	44. CITY-ST-ZIP
TITLE	NAME	51. TITLE	52. NAME
NAME	STREET ADDRESS	53. STREET ADDRESS	54. CITY-ST-ZIP
CITY-ST-ZIP		61. TITLE	62. NAME
		63. STREET ADDRESS	64. CITY-ST-ZIP

14. I do 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 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: Edward G. Chambers (Edward G. Chambers)

(305) 941-8984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:mo:Phone #

0148200

CR2E034 (9/96)