FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002678 (0)**

1. Corporation Name

INTERNATIONAL DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
4896 HUNT ROAD. SUITE 103 CINCINATTI OH 45242	4896 HUNT ROAD. SUITE 103 CINCINATTI OH 45242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 31-1384979	☐ Applied For ☐ Not Applicable
21 95 LIFESTYLE BLVD	26 95 LIFESTYLE BLVD		
Suite, Apt. #, etc. 22 SUITE #1006	Suite, Apt. #, etc. 27 SUITE #1006	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 PALM HARBOR, FLA	City & State 28 PALM HARBOR	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 34684 25 U.S.A.	Zip / Country 29 34684 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

OZROVITZ, STEVEN
231-174TH STREET
N. MIAMI BEACH FL 33160

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVC	11 TITLE	PVTSD	☒ Change ☐ Addition
NAME	CHAPOT, GENE	12 NAME	OZROVITZ, STEVE	
STREET ADDRESS	4896 HUNT ROAD, SUITE 103	13 STREET ADDRESS	231-174TH STREET, APT #1102	
CITY-ST-ZIP	CINCINATTI OH 45242	14 CITY-ST-ZIP	NORTH MIAMI BEACH, FLA 33160	
TITLE	VTD	21 TITLE	—	☒ Change ☐ Addition
NAME	DUGAS, DAVID	22 NAME		
STREET ADDRESS	2605 BENTLEY ROAD, NO. 310	23 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30067	24 CITY-ST-ZIP		
TITLE	SC	31 TITLE	—	☒ Change ☐ Addition
NAME	OZROVITZ, STEVE	32 NAME		
STREET ADDRESS	231-174TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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(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: x Steven Ozrovitz, Steven Ozrovitz — x 4/20/95 — 305-387-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000004 FP