

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **F950000003561**

1. Corporation Name

INNOVATIVE DIAGNOSTICS, INC.

Principal Place of Business

Mailing Address

**3810-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE, FL 32257**

**3810-4 WILLIAMSBURG PARK BLVD.
JACKSONVILLE, FL 32257**

3. Date Incorporated or Qualified

7-24-95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3185585

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, KEITH H. ESQ
8810 GOODBY'S EXECUTIVE DRIVE STE A
JACKSONVILLE, FL 32217**

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

Signature: Typed or printed name of registered agent and the change agent

(If CTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D, P** ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**ROBINSON, PAUL
3810-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE, FL 32257**

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**RAMEY, ROBERT
3810-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE, FL 32257**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**WARFIELD, STEVEN
3810-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE, FL 32257**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**500001824275
-05/16/96-01035-011
***200.00**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ROBINSON

4-29-96

904-737-9302

SG 5-1-96

CR2E034 (12/95)