

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90182 005 ***150.00

DOCUMENT # F96000005679

1. Corporation Name

O.N.E.S. MEDICAL SERVICES, INC.

Principal Place of Business

8 DELTA DR
UNIT A
LONDONDERRY NH 03053
US

Mailing Address

8 DELTA DR
UNIT A
LONDONDERRY NH 03053
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 ADAC LABS (TAX DEPT)

27 Suite, Apt. #, etc. 540 ALDER DR.

28 City & State MILPITAS, CA

29 Zip Country 95035

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

02-0453316

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

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

TITLE PCT
NAME ROSENSTEEL, JIM
STREET ADDRESS 8 DELTA DR UNIT A
CITY-ST-ZIP LONDONDERRY NH

DELETE

TITLE VCS
NAME FRIDAY, PAUL
STREET ADDRESS 8 DELTA DR UNIT A
CITY-ST-ZIP LONDONDERRY NH

DELETE

TITLE D
NAME QUIMETTE, PETER
STREET ADDRESS 45 VILLAGE DRIVE
CITY-ST-ZIP SANDWICH MA 02537

DELETE

TITLE D
NAME DANCY, LARRY
STREET ADDRESS 425 SOUTHLAKE BOULEVARD SUITE 2B
CITY-ST-ZIP RICHMOND VA 23236

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/P/D
1.2 NAME R. ANDREW ECKERT
1.3 STREET ADDRESS 540 ALDER DR
1.4 CITY-ST-ZIP MILPITAS, CA 95035

Change

Addition

2.1 TITLE C
2.2 NAME DAVID LOWE
2.3 STREET ADDRESS 540 ALDER DR
2.4 CITY-ST-ZIP MILPITAS, CA 95035

Change

Addition

3.1 TITLE V / CFO/D
3.2 NAME P. ANDRE SIMONE
3.3 STREET ADDRESS 540 ALDER DR
3.4 CITY-ST-ZIP MILPITAS, CA 95035

Change

Addition

4.1 TITLE V / S / D
4.2 NAME KAREN L. MASTERSON
4.3 STREET ADDRESS 540 ALDER DR
4.4 CITY-ST-ZIP MILPITAS, CA 95035

Change

Addition

5.1 TITLE AS
5.2 NAME ROBERT A. STARR
5.3 STREET ADDRESS 540 ALDER DR
5.4 CITY-ST-ZIP MILPITAS, CA 95035

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (408)321-9100

CR2E034 (11/98)