

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

FILED
Apr 01 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F97000004426 (9)

1. Corporation Name
GENERAL DIAGNOSTICS, INC. OF CALIFORNIA



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| Principal Place of Business 1601 N. HARRISON PKWY. BUILDING M. MAIL STOP M101 SUNRISE FL 33323 | Mailing Address 1601 N. HARRISON PKWY. BUILDING M. MAIL STOP M101 SUNRISE FL 33323 |
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DO NOT WRITE IN THIS SPACE

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|---|--|--|--|---|--|
| 2. Principal Place of Business 21 6851 W. SUNRISE BLVD. Suite, Apt. #, etc. 22 SUITE 100 City & State 23 PLANTATION, FL Zip 24 33313 | | 2a. Mailing Address 26 6851 W. SUNRISE BLVD. Suite, Apt. #, etc. 27 SUITE 100 City & State 28 PLANTATION, FL Zip 29 33313 | | 3. Date Incorporated or Qualified 08/21/1997 | |
| 25 USA | | 30 USA | | 4. FEI Number 95-3652549 | |
| | | | | Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent FARNON, FRED 1601 N. HARRISON PKWY. BUILDING M, MAIL STOP M101 SUNRISE FL 33323 | | 10. Name and Address of New Registered Agent 81 Name FARNON, FRED 82 Street Address (P.O. Box Number is Not Acceptable) 6851 W. SUNRISE BLVD. 83 SUITE 100 84 City PLANTATION FL 85 Zip Code 33313 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC JOHNSON, CHARLES M 50 WEST LIBERTY STREET STE. 630 RENO NV 89501 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST BARTELS, RICHARD L 50 WEST LIBERTY STREET STE. 630 RENO NV 89501 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LYDON, PATRICK F HAVASU SPRINGS RESORT SPACE 541 PARKER AZ 85344 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUXFORD, CLIFTON R 9836 WANDA PARK DRIVE BEVERLY HILLS CA 90210 <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  RICHARD L. BARTELS 3/25/98 (702) 324-3343

CR2E034 (10/97)