FILED 2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State 05-15-2001 90095 025 ***150.00

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1. Entity Name

MEDGENETICS DIAGNOSTIC LABORATORIES, INC.

807 S. ORLAN		Mailing Address		1			
	IDO AVE. #S	907 S. ORLANDO AVE. S					
WINTER PARK	C FL 32789	WINTER PARK FL 32789					
		US					
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2. Principal I	Place of Business	3. Mailing Address					
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Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
	. #, etc. - 30	Suite 200)				
Orlan	ite /	City & State	(=/	4. FEI Number 59-2417615 Applied For			
Urlas	ndo , Flonda	Riviera Bea	ch MC	Not Applicabl			
3280	29 Country	Zip	Country 2	5. Certificate of Status Desired \$8.75 Additional			
7 200	/ Oknows	33404	tam Deach	Fee Required			
	6. Name and Address () Current F	legistered Agent		7. Name and Address of New Registered Agent			
	يدان يوسيون بدان ومسيوي بدا		Name	المارات المراسينين المراج المارات المارات المراجي المراج والمارات			
	RPORATION SERVICE COMPANY		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	1 HAYS STREET		, oacer, addres	oo (i . c. box indinocrio not recopiable)			
TAL	LAHASSEE FL 32301						
			City	FL Zip Code			
8 The above	a named entity submits this statement for	the oursess of changing its	registered office or regis	stered agent, or both, in the State of Florida.			
o. The above	France only sabritis this statement for	the purpose of changing its	registered office of regis	Stored agent, or both, in the state of horida.			
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE	: Registered Agent signature requ	uired when reinstating) DATE			
				3,			
•	oration is eligible to satisfy its Intangible		!! FEE IS \$150.00	10. Election Campaign Financing \$5.00 May Bo			
Tax filing	requirement and elects to do so.	After MAY 1, 200	01 Fee will be \$550.0				
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP