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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2237-B SOUTH CONGRESS

W. PALM BEACH FL 33406

2. Principal Place of Business

Suite, Apt. #. etc

City & State

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H59087

(7)

W. PALM BEACH FL 33406-7605

Mailing Address 2237-B SOUTH CONGRESS

2a. Mailing Address

City & State

Suite, Apt. #, etc

26

27

28

INTEGRATED DIAGNOSTIC SERVICES, INC.

## **FILED** Feb 13 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

02/23/1996

3. Date Incorporated or Qualified

05/29/1985

59-2542684

5. Certificate of Status Desired

8. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip		Country	Zip		Country			8. This corporation has liability for intangible tax under s. 199.032.	
24		25	29		30		Florida Statutes 🔼 Yes 🗌 No		
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent									
POLIZZI, ALFRED R.						81	Name		
12900 MARSH POINTE WAY						82 Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS FL 33418									
1						83			
					ļ	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 Stignature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstalling)  DATE									
12.	Signatine, lypeu		AND DIRECTORS	DR. (NOTE	13.	Müei	ii signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	01.1021.0	THE BUILDIONS	DELETE	1.1 7/7	LE		☐ Change ☐ Addition	
NAME	POLIZZI,	ALFRED		_	1 2 NA	MF		·	
STREET ADDRESS	12900 MARSH POINTE WAY				1	REET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL				1.4 CIT				
TITLE	5			DELETE	2.1 11			Change Addition	
NAME	DEPASO	UALE, JOHN			2.2 NA	ME		_ , _	
STREET ADDRESS	9775 N.V	W. 48TH DR.			2 3 STI	REET	ADDRESS		
CITY-ST-ZIP	CORAL S	SPRGS. FL			2. 4 CI			۲.	
TITLE				DELETE	3.1 TIT			Change Addition	
NAME					3 2 NA	MÊ			
STREET ADDRESS					3.3 STI	REET .	ADDRESS		
CITY - ST - ZIP					3.4. CI	TY-S	IT-ZIP		
TITLE		<del></del>		DELETE	4.1 TIT	LE		Change Addition	
NAME					4. 2 NA	ME			
STREET ADDRESS					4 3 STI	REET	ADDRESS		
CITY-ST-ZIP					4.4 CIT	Y-51	T-ZIP		
TITLE		<del></del>		DELETE	5.1 TIT	LE		Change Addition	
NAME					5.2 NA	ME			
STREET ADDRESS					5.3 \$1	REET	ADDRESS		
CITY - S1 - ZIP					5.4 CIT	Y-\$1	T-7IP		
TITLE				DELETE	6.1 TIT	LE		☐ Change ☐ Addition	
NAME					6.2 NA	ME			
STREET ADDRESS					6.3 ST	REET	ADDRESS		
CITY-ST-ZIP					6.4 CIT	Y-\$1	T-ZIP		
14. I do hereby certify that the information supplied with this filling 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: Alfred R. Polizzi President Algoll Plas from 2/3/97 561-641-8160