FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:47

DOCUMENT # J14223 (8)

1. Corporation Name
FLUID FLOW DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
% DR. ANJANEYULU KROTHAPALLI 345 SOUTH MAGNOLIA DRIVE, SUITE E-26 TALLAHASSEE FL 32301	% DR. ANJANEYULU KROTHAPALLI 345 SOUTH MAGNOLIA DRIVE, SUITE E-26 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1986
3a. Date of Last Report: 10/19/1994

2. Principal Place of Business	2a. Mailing Address
21 3176 Shamrock East	26 3176 Shamrock East
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee FL 3	28 City & State: Tallahassee, FL
24 Zip: 32308 25 Country: Leon	29 Zip: 32308 30 Country: Leon

4. FEI Number: 59-2692719 ☐ 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
KROTHAPALLI, ANJANEYULU, DR. 345 S. MAGNOLIA DRIVE STE 326 TALLAHASSEE FL 32301	81 Name: KROTHAPALLI, ANJANEYULU, DR. 82 Street Address (P.O. Box Number is Not Acceptable): 3176 Shamrock East 83 84 City: Tallahassee FL 85 Zip Code: 32308

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: A. Krothapalli A. KROTHAPALLI 2/1/95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name altered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KROTHAPALLI, ANJANEYULU	12 NAME	
STREET ADDRESS	3176 SHAMROCK EAST	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LOURENCO, LUIZ M.	22 NAME	
STREET ADDRESS	661 FOREST LAIR .	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: A. Krothapalli 2/1/95 (904) 644-5885
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0028038 CP