

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **J46528** (2)

1. Corporation Name

ADVANCED DIAGNOSTICS, INC.



Principal Place of Business

Mailing Address

% GARY A. KITOS
~~5100 W. COPANS RD #800~~
~~MARGATE FL 33063~~

% GARY A. KITOS
5100 W. COPANS RD #800
MARGATE FL 33063

3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **908 NW 57th ST**

26 **908 NW 57th ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite G**

27 **Suite G**

City & State

City & State

23 **Gainesville, FL**

28 **Gainesville, FL**

Zip

Country

Zip

Country

24 **32605**

25

29 **32605**

30

4. FEI Number
59-2755168

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

KITOS, GARY A.

~~3682 NW 73RD WAY~~
~~CORAL SPRINGS FL 33065~~

81 Name

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

908 NW 57th ST.

83 **Suite G**

84 City

Gainesville

FL

85 Zip Code

32605

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE
NAME **KITOS, GARY A.**
STREET ADDRESS ~~3682 NW 73RD WAY~~
CITY-STATE-ZIP ~~CORAL SPRINGS FL~~

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **8817 SW 61st ST.**
1.4 CITY-STATE-ZIP **GAINESVILLE, FL 32608**

TITLE **DP** ☐ DELETE
NAME **MIGNATTI, ROBERT A**
STREET ADDRESS **6202 ROYAL BIRKDALE**
CITY-STATE-ZIP **AUSTIN TX**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **VP** ☐ DELETE
NAME **GARRITY, KEVIN D**
STREET ADDRESS ~~2622 BRISBONE RD~~
CITY-STATE-ZIP **AUSTIN TX**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **6405 PONCHA PASS**
3.4 CITY-STATE-ZIP **AUSTIN, TX 78749**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 5123280732

CR2E034 (12/95)