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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K77460

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DOCUMENT #

SIGNATURE

Corporation Name MED CENTER DIAGNOSTICS, INC. Incipal Place of Business 107A JFK DRIVE ATLANTIS FL 33462 ATLANTIS FL 33462 US									
			US .			3. Data Incorrected or Qualified	3a. Date	D3/01/1	995
Principal Pla	ace of Business	2a. 26	Mailing Address			4. FEI NUMBER 117577		- 1	Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State	9		City & State			Election Campaign Financing Trust Fund Contribution		\$5.0	O May Be
Zipi	Country 25		Zip	Coun	try	B. This corporation has liability for			d to Fees 199.032,
	9. Name and Address of		ered Agent	1301		10. Name and Address of New I		Agent	
				1	31 Name	10. //	riogiotorea r		
5215 F	uth, norman C. Pennock Point Rd.			ī	32 Street Add	dress (P.O. Box Number is Not Accepta	ble)	-	
JUPITE	ER FL 33458			1	33				
				Ī	34 City		FL	85 Zi	p Code
ianniar wil SNATURE	th, and accept the obligations.	or, Section 607.0	505, Florida Statute:	S.		oration submits this statement for the pu and of directors. I hereby accept the app		Tegistered	
iamii ar wil SNATURE	Styretime, based or printed name of region OFFICE PVP EDDY, TILLMAN L. 1501 39TH STREET	strind agent and title if application	oicable (Ni	OTE: Registered A 13. 1.1 TITI 1.2 NAM	gent signature requir	and of directors. Thereby accept the app red when revistatings ADDITIONS/CHANGES TO OFF	DATE FICERS AND		
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BNATURE _	Signature, typed or posted name of region OFFICE PVP EDDY, TILLMAN L. 1501 39TH STREET WEST PALM BEACH S SUDDUTH, NORMAN 5215 PENNOCK POI	direction 607.03 Series AND DIRECT	DUS, FIORIDA STATUTE: ORAS DELETE	S. OTE Registered A 13. 1.1 Titl 1.2 NAA 1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAA 2.3 STRI 2.3 STRI 2.3 STRI	gent signature requirements EE FADDRESS '-SI-ZIP EE FADDRESS '-SI-ZIP EET ADDRESS '-SI-ZIP	red when re-istating)	DATE FICERS AND C.	DIRECTO	DRS IN 12
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