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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L16434 (7)
1. Corporation Name
PRECISION DIAGNOSTIC TECHNOLOGY, INC.

Principal Place of Business
1220 ROGERS STREET
CLEARWATER FL 34616

Mailing Address
1220 ROGERS STREET
CLEARWATER FL 34616-5903

3. Date Incorporated or Qualified
09/18/1989
3a. Date of Last Report
08/14/1996

2. Principal Place of Business
21 1221 ROGERS ST #D

2a. Mailing Address
26 1221 ROGERS #D

4. FEI Number
59-2972375
Applied For
Not Applicable

Suite, Apt. #, etc.
22 SUITE D

Suite, Apt. #, etc.
27 SUITE D

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 CLEARWATER, FL

City & State
28 CLEARWATER, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 34616
Country
25 PINELLAS

Zip
29 34616
Country
30 PINELLAS

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

SMITH, DOTTIE
~~1220 ROGERS STREET~~
CLEARWATER FL 34616-5903
(NEW ADDRESS ONLY)

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1221 ROGERS ST
83 SUITE D
84 City
CLEARWATER FL 85 Zip Code
34616

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 *Dottie Smith*

DOTTIE SMITH

4/24/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, DOTTIE
STREET ADDRESS 1220 ROGERS STREET
CITY-ST-ZIP CLEARWATER FL 34616 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1221 ROGERS ST #D
1.4 CITY-ST-ZIP CLEARWATER, FL 34616 ☒ Change ☐ Addition

TITLE VD
NAME KOBRIN, MIKE
STREET ADDRESS 1220 ROGERS STREET
CITY-ST-ZIP CLEARWATER FL 34616 ☒ DELETE

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

TITLE SD
NAME SMITH, DOTTIE
STREET ADDRESS 1220 ROGERS STREET
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1221 ROGERS ST #D
3.4 CITY-ST-ZIP CLEARWATER, FL 34616 ☒ Change ☐ Addition

TITLE D
NAME SALIGA, YOM V
STREET ADDRESS 13500 WRIGHT CIRCKE
CITY-ST-ZIP TAMPAS FL ☒ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 *Dottie Smith*

DOTTIE SMITH

4/24/97

01714

CR2E034 (9/96)