

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L21114** (8)
1. Corporation Name
AFFILIATED DIAGNOSTICS, INC.

Principal Place of Business Mailing Address
1212 EAST BROWARD BLVD. SUITE 202 **1212 EAST BROWARD BLVD. SUITE 202**
FORT LAUDERDALE FL 33301 **FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 10/06/1989 | | 3a. Date of Last Report 03/21/1994 | |
| 2. Principal Place of Business 21 [] Suite, Apt. #, etc. | | 2a. Mailing Address 26 [] Suite, Apt. #, etc. | |
| 22 [] City & State | | 27 [] City & State | |
| 23 [] Zip | | 28 [] Country | |
| 24 [] | | 29 [] | |
| 25 [] | | 30 [] | |
| 4. FEI Number 65-0152018 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| b. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|-----------|--|
| 9. Name and Address of Current Registered Agent WEDEMEYER, GEORGE A. IV 1212 EAST BROWARD BOULEVARD FORT LAUDERDALE FL 33301 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| | | | | 85 Zip Code | | FL | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEDEMEYER, GEORGE A. IV | 1.2 NAME | |
| STREET ADDRESS | 1212 EAST BROWARD BLVD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEDEMEYER, GEORGE A. IV | 2.2 NAME | |
| STREET ADDRESS | 1212 EAST BROWARD BLVD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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 110.07(3)(b), 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 and is printed in an attachment with an address.

SIGNATURE: *George Wedemeyer* **George Wedemeyer** 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Daytime Phone #)