PRO CORPOF ANNUAL F <b>199</b>	RATION REPORT		FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	FILED Apr 14, 1999 8: Secretary of S 04-14-1999 90214 048 ***	<b>00 am</b> tate	
Corporation Name	NT # L2 DIAGNOSTICS						
incipal Place of Bu	usiness		Mailing Address			OTOTI OTOTI BUNK INDI	
12 EAST BROWARD BLVD. SUITE 202 DRT LAUDERDALE FL 33301					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
Principal Place of	Business		2a, Mailing Address		10/06/1989 4. FEI Number	Applied For	
	Dusiness	2	-i -		65-0152018	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5 Contifecto of Status Desired \$8.	75 Additional	
City & State		2	7 City & State			.00 May Be	
		2		<b></b>	Trust Fund Contribution Ad	ded to Fees	
Zip	Country		Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.		
9. /	25 Name and Addres	2 as of Current Reg	* I		10. Name and Address of New Registered Agent		
office or registered agent, or both, in the State of Florida, Such change was auth				82       Street Address (P.O. Box Number is Not Acceptable)         83       84         84       City         FL       85         Zip Code         s, the above-named corporation submits this statement for the purpose of changing its registered horized by the corporation's board of directors. I hereby accept the appointment as registered is registered.			
			t 607.1508, Florida Statutes	84 City	poration submits this statement for the purpose of changing	na its registered	
<ul> <li>Pursuant to the office or register agent. I am fami GNATURE</li> </ul>	provisions of Section	ons 607.0502 and in the State of Flo pt the obligations	orida. Such change was aut of, Section 607.0505, Florid	84 City s, the above-named con	poration submits this statement for the purpose of changin ion's board of directors. I hereby accept the appointment	na its registered	
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