

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

DIVISION OF CORPORATIONS

95 AUG -4 AM 10: 10

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10: 10

DOCUMENT # L84175 (3)

1. Corporation Name

MED-TEST, INCORPORATED

Principal Place of Business

1000 PONCE DE LEON
#109
CORAL GABLES FL 33134
US

Mailing Address

1000 PONCE DE LEON
#109
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0205869

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

2. Principal Place of Business

21 220 N. State Rd 7

2a. Mailing Address

26 3230 SW 60 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Hollywood, FL.

27 City & State

28 Miami, FL.

Zip

24 33081

Country

25 Broward

Zip

29 33155

City

30 Oade

9. Name and Address of Current Registered Agent

GARDNER, STEPHAN M.
1000 PONCE DE LEON BLVD.
#109
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Gardner, Stephan M.

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

3230 SW 60 Ave

83

84 City

Miami

FL

85 Zip Code

33155

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

Stephan M. Gardner

(NOTE: Registered Agent signature required when reappointing)

DATE

7-28-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARDNER, STEPHAN M.
STREET ADDRESS	3230 SW 60 AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:

Stephan M. Gardner

(Signature and typed or printed name of signing officer or director)

7-28-95

Date

3056611492

System Name