

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # M13118 (8)

1. Corporation Name

CLINICAL TECHNOLOGIES CORPORATION DIAGNOSTIC DIV
ISION

Principal Place of Business

6001 N.W. 153 STREET
#160
MIAMI LAKES FL 33014

Mailing Address

6001 N.W. 153 STREET
#160
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1985

4. FEI Number

59-2629849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VANDETTY, MICHAEL A ESQ.
16853 N.E. 2ND AVENUE
SUITE 304
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

Vandetty, Michael A.

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

5601 Biscayne Blvd

83

84 City

Miami

FL

85 Zip Code

33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KLOCMAN, BERNARD
STREET ADDRESS 7390 NW 37TH COURT
CITY-ST-ZIP LAUDERHILL FL

TITLE VTD ☐ DELETE

NAME KATCHIS, LOUIS
STREET ADDRESS 6340 S.W. 69TH AVENUE
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME NEWTON, TERRY
STREET ADDRESS 3935 N.W. 75TH TERRACE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Klockman, Bernard
1.3 STREET ADDRESS 291 Landings Boulevard
1.4 CITY-ST-ZIP Weston, FL. 33327

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 Pablo Guzman
4.3 STREET ADDRESS 1775 Eagle Trace Boulevard, East
4.4 CITY-ST-ZIP Coral Springs

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Ariel Diaz
5.3 STREET ADDRESS Urbanizacion Calle Azekana #38
5.4 CITY-ST-ZIP Guayanabo, Puerto Rico 00969

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Louis Katchis

1/14/98

305.512.3320

CR2E034 (10/97)