

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90116 041 ***150.00

DOCUMENT # M13118

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 6340 SW 69 Ave

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 6340 SW 69 Ave

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33143

Country

30 USA

9. Name and Address of Current Registered Agent

VANDETTY, MICHAEL A ESQ.
5601 BISCAYNE BLVD
SUITE 304
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
GUZMAN, PABLO
STREET ADDRESS 1775 EAGLE TRACE BLVD, EAST
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME DD
DIAZ, ARIEL
STREET ADDRESS URBANIZACION CALLE AZEKENA, #38
CITY-ST-ZIP GUAYANBO PU 00969

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 ☐ 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 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, with all other like empowered.

SIGNATURE:

Luis A. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

3056622122
Daytime Phone #

CR2E034 (11/98)

0214339