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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90043 037 \*\*\*150.00

Southern States Diagnostics												
Principal Plac	ce of Business	Mailing Addre	ess 2									
		10 BOX	8008	4		,						
P.O. BOX 8068 Pembroke Pines, Fe					3308	7	DO	NOT WRIT	TE IN THIS	SPACE		
ACAVOLOGIC 1111 221						j. Dak	3. Date Incorporated or Qualifed					
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI	Number	<u>,                                     </u>		Ar	plied For	1
21		26	26				0278	ソン	2		t Applicable	1
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.							\$8.75	Additional	1
22		27	7			5. Cert	tifcate of Status	Desired		Fee Re	quired	
City & State City & State			ate			6. Elec	tion Campaign I	inancing		\$5.00	May Be	٣
23		28				I	st Fund Contribu	-		Added t	•	
Zip Country Zíp				Country		8. This	corporation own	es the curre	ent year Int	tangible		1
24	25	29	30			Pers	sonal Property T	ax.	•	☐ Yes	□No	
	9. Name and Address of Currer	nt Registered Age	nt			10. Nan	ne and Address	of New R	egistered	Agent		
0. 1	, a alrom			81	Name							l
Kichard D. Dion				82	Street Ad	dress (P.O. B	Box Number is N	ot Accenta	ble)			1
3700 Washington St.												
#200				83								
Richard B. Bloom 3700 Washington 5t. #200 Hollywood, FL 33021				84	City				FL	85 Zip (	Code	
	t to the provisions of Sections 607.050		orida Statutes II	he above	-named co	moration sub	mits this stateme	ent for the		changing its	registered	┨
office or a	registered agent, or both, in the State am applier with, and accept the obliga	of Florida. Such ch	ange was author	rized by t	the corpora	tion's board o	of directors. I he	reby accep	t the appoi	ntment as re	gistered	
SIGNATURE												ļ
	Signature, typed or printed name of registered age				t signature requ	red when reinstati		ES TO OFF	DATE	ID DIRECTO	DS IN 12	3
12.	Signature, typed or printed name of registered age:  OFFICERS AN	ID DIRECTORS		13.	t signature requ		ing) TIONS/CHANGE	S TO OFF				1 2
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14. I hereby certify that the information supplied with this filling 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 five 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 further engaged to execute this report as required by Chapter 607, Florida statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address with a decrease with a decrease

SIGNATURE: