2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attach

Apr 16, 2004 8:00 am DOCUMENT # P00000004443 Secretary of State 1. Entity Name 04-16-2004 90120 003 ***150.00 NATIONAL DIAGNOSTIC SERVICES OF AMERICA, INC. Principal Place of Business Mailing Address **6853 SW 18TH STREET** 6853 SW 18TH STREET M201 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business Mailing Addres 1515 N. Federa/Ally. Ste.300 CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For 65-0973420 BOCA RATA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRAGER, MARTIN .Street Address.(P.O. Box Number is Not Acceptable) 6853 SW_18TH_STREET.... **BOCA RATON FL 33433** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete PRAGER, MARTIN NAME 3720 S. OCEAN Blud. #806 BOCA RATON, Fl. 33487 STREET ADDRESS 6853 SW 18TH STREET #M201 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition SCHERMER, MARK NAME 3720 S OCEAN BLVD #1207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED