## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Aug 02, 2004 8:00 am Secretary of State DOCUMENT.# P00000100975.\_\_\_\_ 1. Entity Name 07-16-2004 90005 037 \*\*\*150.00 PRENATAL DIAGNOSTICS OF FLORIDA, INC. Principal Place of Business Mailing Address :89240 OVERSEAS HWY. 89240 OVERSEAS HWY. IAVERNIER FL 33070 TA<del>VERNIER FL 33070</del> 2. Principal Place of Business 5623 N.W. 112 Place 5623 N.W.: Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** MIAM Not Applicable \$8.75 Additional 5. Certificate of Status Desired . BADE DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEBLES M ---FEBLES, OSCAR-R-MD---89240 OVERSEAS HWY SUITE #4 5623 N.W. 112 PLACE **TAVERNIER FL 33070** 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 regists rednagenj SIGNATURE Signature, typind or plated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. OSCAR R. FEBLES, PRES. No Change **PSTD** TITLE ☐ Delete TITLE FEBLES, OSCAR R NAME NAME 5623 NW 112 PLACE 89240 OVERSEAS HWY STREET ADDRESS STREET ADDRESS Miami, FL 33178 CITY-ST-ZIP TAVERNIER FL-23070 CITY-ST-ZIP VPD TITLE Delete TITLE Change ☐ Addition NAME FEBLES, SILVIA F NAME STREET ADDRESS 89240 OVERSEAS HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change .□.Delete . TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 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 changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 20, 2004

PRENATAL DIAGNOSTICS OF FLORIDA, INC. 321 RIDGECREST CIRCLE UNIT 5227 ELLIJAY, ĜA 30540

Subject: PRENATAL DIAGNOSTICS OF FLORIDA, INC.

Reference Number:

P00000100975

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

Reetacher TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/as

ANNUAL REPORTS SECTION