


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90001 029 \*\*\*150.00

<b>DOCUMENT # P02000028636</b> 1. Entity Name <b>RBM DIAGNOSTICS, INC.</b>																																			
Principal Place of Business <b>6395 BELGRAND DR. TALLAHASSEE FL 32312</b>		Mailing Address <b>6395 BELGRAND DR. TALLAHASSEE FL 32312</b>																																	
2. Principal Place of Business <b>311 THORNBERG DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>311 THORNBERG DR.</b> Suite, Apt. #, etc.																																	
City & State <b>TALLAHASSEE, FL</b> Zip <b>32312</b>		City & State <b>TALLAHASSEE, FL</b> Zip <b>32312</b>																																	
4. FEI Number <b>04-3626800</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>KOSINSKI, JAMES S 6395 BELGRAND DR. TALLAHASSEE FL 32312</b>		7. Name and Address of New Registered Agent Name <b>KOSINSKI, JAMES S</b> Street Address (P.O. Box Number is Not Acceptable) <b>311 THORNBERG DR</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip <b>32312</b>																																	
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 <b>JAMES KOSINSKI - CEO-OWNER</b> <i>[Signature]</i> <b>03.29.04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D</b> <input type="checkbox"/> Delete  <b>KOSINSKI, JAMES S</b>  <b>6395 BELGRAND DR.</b>  <b>TALLAHASSEE FL 32312</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KOSINSKI, JAMES S</b> <b>6395 BELGRAND DR.</b> <b>TALLAHASSEE FL 32312</b>															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>PID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>KOSINSKI JAMES S.</b>  <b>311 THORNBERG DR</b>  <b>TALLAHASSEE, FL 32312</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KOSINSKI JAMES S.</b> <b>311 THORNBERG DR</b> <b>TALLAHASSEE, FL 32312</b>														
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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.																																			
SIGNATURE: <i>[Signature]</i> <b>JAMES KOSINSKI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>03.29.04</b> <b>8940683</b> <small>Date Daytime Phone #</small>																																	