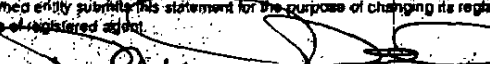


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 050 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000090138			
1. Entity Name PINNACLE DIAGNOSTICS, INC.			
Principal Place of Business 3013 PRESTIGE DRIVE CLEARWATER, FL 33759 US		Mailing Address 3013 PRESTIGE DRIVE CLEARWATER, FL 33759 US	
2. Principal Place of Business 1221 SW 4th St		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State	
Zip 33312		Country U.S.	
4. FEI Number 56-2280365		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04272004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DEANE, DANIEL D 78 COLUMBIA DRIVE TAMPA, FL 33606		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is NOT Acceptable)	
City		FL 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 		DATE 4-29-04	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D DEANE, DANIEL 78 COLUMBIA DRIVE TAMPA, FL 33606		Change 1221 SW 4th St. FT. LAUDERDALE, FL 33312	
D BRECHER, ADAM 3013 PRESTIGE DRIVE CLEARWATER, FL 33759		Change Addition	
Delete Change Addition		Delete Change Addition	
Delete Change Addition		Delete Change Addition	
Delete Change Addition		Delete Change Addition	
Delete Change Addition		Delete Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 data empowered.			
SIGNATURE: 		DATE 4-29-04 561-317-8554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	