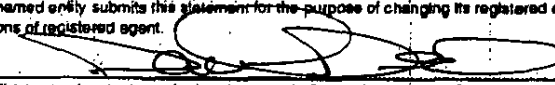
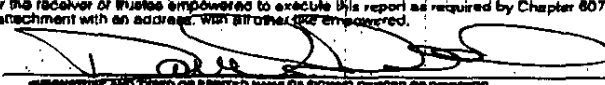


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 049 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000092504			
1. Entity Name A & D 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.	Zip	Country
4. FEI Number 66-2280310		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEANE, DANIEL D 78 COLUMBIA DRIVE TAMPA, FL 33608		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 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when relocating.			
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 BY 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEANE, DANIEL 78 COLUMBIA DRIVE TAMPA, FL 33608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1221 SW 4th St. FT. LAUDERDALE, FL 33312 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRECHER, ADAM 3013 PRESTIGE DRIVE CLEARWATER, FL 33759 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(8)(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 officers empowered.			
SIGNATURE:  4-29-04 Signature and typed or printed name of signed officer or director		Date 4-29-04 Daytime Phone # 561-317-8554	