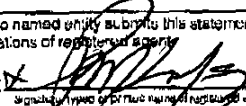


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 PM 4:28

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P02000121732			
1. Entity Name ACCUMED DIAGNOSTIC LAB, INC.			
Principal Place of Business 9272 SW 40 STREET MIAMI, FL 33165		Mailing Address 9272 SW 40 STREET MIAMI, FL 33165	
2. Principal Place of Business 12349 SW 132 CT Suite, Apt. #, etc.		3. Mailing Address 12349 SW 132 CT Suite, Apt. #, etc.	
City & State Miami FL Zip 33186 Country USA		City & State Miami FL Zip 33186 Country USA	
4. FEI Number 73-1673064		Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, JANET 425 SW 129 AVE MIAMI, FL 33184		7. Name and Address of New Registered Agent Name Pio Lopez Street Address (P.O. Box Number is Not Acceptable) 12349 SW 132 CT City Miami FL Zip Code 33186	
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 of current registered agent and must be applicable.		DATE 11-11-04 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!! FEE IS \$750.00 After January 1, 2005, Fee will be \$800.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, PIO 12349 SW 132 CT. MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/23/04 90227 067 (SD-00) ☐ 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
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 119.07(5)(g), 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 alternate with an address with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 11-11-04 Daytime Phone #	

11/17/04

To Whom It May Concern:

Accumed Diagnostic Lab, Inc. has sent the \$150.00 to reinstate the corporation on 4/20/04 and the check was cashed on 5/03/04 by the Florida Department of State. Unfortunately, on the website the corporation shows that it is inactive. Please correct this problem as soon as possible.

Thank you


Pio Lopez