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	Mailing Address
9272 SW 40 STREET MIAMI, FL 33165	9272 SW 40 STREET MIAMI, FL 33165

11102004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
12349 SW 132 CT	12349 SW 132 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number ~~APPLIED FOR~~ 73-1673064 ☐ Applied For ☐ Not 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: x [signature] DATE: x 11-11-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		
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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/23/04 90227 017 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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(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: x [signature] x 11-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/12

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