

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078150

FILED
May 10, 2004
Secretary of State

Entity Name: VISTA CLINICAL DIAGNOSTICS, INC.

Current Principal Place of Business:

867 SKYRIDGE ROAD
CLERMONT, FL 34711 US

New Principal Place of Business:

305 HWY 27 NORTH
STE. C.
MINNEOLA, FL 34755 US

Current Mailing Address:

867 SKYRIDGE ROAD
CLERMONT, FL 34711 US

New Mailing Address:

305 HWY 27 NORTH
STE. C.
CLERMONT, FL 34711 US

FEI Number: 26-0070193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

SANTANA, DAVIAN S PRES.
867 SKYRIDGE RD.
CLERMONT, FL 34711 US

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.

SIGNATURE: DAVIAN S. SANTANA

05/10/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SANTANA, DAVIAN S
Address: 867 SKYRIDGE ROAD
City-St-Zip: CLERMONT, FL 34711 US

Title: SECR () Delete
Name: HAWKINS, NATHAN
Address: 2170 MORGAN WEILAND LANE
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HAWKINS, NATHAN
Address: 6335 PROMINENCE PT. DR.
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVIAN S. SANTANA

PRES

05/10/2004

Electronic Signature of Signing Officer or Director

Date