

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105081

FILED  
May 01, 2006  
Secretary of State

Entity Name: LEATH DIAGNOSTICS, INC.

## Current Principal Place of Business:

320 WEST PARK AVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

320 WEST PARK AVE  
TALLAHASSEE, FL 32301

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAWKEN, ROBERT  
320 WEST PARK AVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

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: D ( ) Delete  
Name: CRUZ, CARLOS M  
Address: 502 EAST JEFFERSON STREET STE 100  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: DELGADO, MARIO R  
Address: 2000 PONCE DE LEON BLVD STE 102  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: HAWKEN, ROBERT  
Address: 320 WEST PARK AVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: GUZZON, GARY L  
Address: 106 E COLLEGE AVE STE 900  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: GUZZO, GARY L  
Address: 106 E COLLEGE AVE STE 900  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT HAWKEN

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date