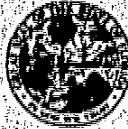


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:31

DOCUMENT # P35200 (5)

1. Corporation Name

INTERNATIONAL DIAGNOSTIC SYSTEMS CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2620 S. CLEVELAND AVENUE
SUITE 100
ST. JOSEPH MI 49085

Mailing Address

P. O. BOX 799
ST. JOSEPH MI 49085

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1991

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

38-2573077

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

SAUNDERS, MARY
RT. 3, BOX 106-1
MONTICELLO FL 32344

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME MORRIS, DEBORAH K.
STREET ADDRESS 2613 NILES AVE
CITY - ST - ZIP ST. JOSEPH MI

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2620 S. Cleveland Ave., Suite 100
St. Joseph, MI 49085

☒ Change ☐ Addition

TITLE D
NAME BIEKE, RONALD J.
STREET ADDRESS 7950 MOORSBRIDGE RD., STE. 100
CITY - ST - ZIP PORTAGE MI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME MORRIS, MICHAEL H.
STREET ADDRESS 27600 VIA CERRO GORDO
CITY - ST - ZIP LOS ALTOS HILLS CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE S
NAME LEWIS, ERNIE L. III
STREET ADDRESS 2613 NILES AVE.
CITY - ST - ZIP ST. JOSEPH MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

2620 S. Cleveland Ave., Suite 100
St. Joseph, MI 49085

☒ Change ☐ Addition

TITLE D
NAME GAVIN, BRENDA
STREET ADDRESS 585 E. SWEDES FORD RD., SUITE 315
CITY - ST - ZIP WAYNE PA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah K. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

616-428 8400