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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35200** **(5)**

1. Corporation Name
INTERNATIONAL DIAGNOSTIC SYSTEMS CORP.

Principal Place of Business	Mailing Address
2620 S. CLEVELAND AVENUE SUITE 100 ST. JOSEPH MI 49085	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 (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	MORRIS, DEBORAH K.	1.2 NAME	
STREET ADDRESS	2613 NILES AVE	1.3 STREET ADDRESS	2620 S. Cleveland Ave., Suite 100
CITY-ST-ZIP	ST. JOSEPH MI	1.4 CITY-ST-ZIP	St. Joseph, MI 49085
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BIEKE, RONALD J.	2.2 NAME	
STREET ADDRESS	7950 MOORSBRIDGE RD., STE. 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTAGE MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, MICHAEL H.	3.2 NAME	
STREET ADDRESS	27600 VIA CERRO GORDO	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS HILLS CA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	X ☐ Change ☐ Addition
NAME	LEWIS, ERNIE L. III	4.2 NAME	
STREET ADDRESS	2613 NILES AVE.	4.3 STREET ADDRESS	2620 S. Cleveland Ave., Suite 100
CITY-ST-ZIP	ST. JOSEPH MI	4.4 CITY-ST-ZIP	St. Joseph, MI 49085
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GAVIN, BRENDA	5.2 NAME	
STREET ADDRESS	565 E. SWEDESFORD RD., SUITE 315	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(i), 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: _____ 4/27/95 616-428-8400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Area Code & Daytime Phone #)

0480001 FP