

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008578 (6)**

LIFE DIAGNOSTICS, INC.

Principal Office of Business: 10640 NW 26TH PLACE, SUNRISE FL 33322
Mailing Address: 10640 NW 26TH PLACE, SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Inactive/Not Qualified: 11/30/1992		3a. Date of Last Report: 02/01/1994	
4. FID Number: 65-0369810		Applied For: Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PASTERSKI, THOMAS 6338 NW 75TH WAY PARKLAND FL 33067				81. Name:			
				82. Street Address (P.O. Box Number is Not Acceptable):			
				83. City:			
				84. State: FL			
85. Zip Code:							

11. I, the undersigned, a duly qualified Secretary under Sections 607 and 607.15(8), Florida Statutes, hereby certify that the corporation submits this statement for the purpose of changing its registered office from the place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I certify that appointment of registered agent (any change) is in accordance with the provisions of Sections 607 and 607.15(8), Florida Statutes.

12. OFFICERS AND FIDELITY:		13. ADDITIONS/CHANGES TO OFFICERS AND FIDELITY:	
1201 D PASTERSKI, THOMAS 6338 NW 75TH WAY PARKLAND FL 33067		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1202		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1203		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1205		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1206		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1207		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1208		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1209		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1210		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is originally furnished and does not apply for the purposes stated in the laws of the State of Florida Statutes. Further, I certify that the information included in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I shall receive the original copy of this report and the original copy of the corporation's books to be used in this report as required by Chapter 107, Florida Statutes, and that my name appears in the list of Officers if changed or re-appointment with an address.

SIGNATURE: *Thomas Pasterksi* THOMAS PASTERSKI 4-28-95 305 971-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR