

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

53 MAY -1 11 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000023016 (7)**

1. Corporation Name
AMERICAN DIAGNOSTICS OF MIAMI LAKES, INC.

Principal Place of Business 15476 N.W. 77TH COURT SUITE 408 MIAMI LAKES FL 33016	Mailing Address 15476 N.W. 77TH COURT SUITE 408 MIAMI LAKES FL 33016
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3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 01/25/1994
4. FEI Number 65-0397576	Applied For <input type="checkbox"/> 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 or intangibles tax under § 198.019 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**SPRINGER, ZORAIDA
7405 W 14 AVENUE
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81. Name Angelia D. Shults
82. Street Address (P.O. Box Number is Not Acceptable) 8472 NW 168 Terrace
83. City Miami
84. State FL
85. Zip Code 33016

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: *Angie D. Shults*
(Type or typed or printed name of board officer or director)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SHULTS, RONALD D	STREET ADDRESS 214 S. SPRINGVIEW RD.	CITY, ST, ZIP MARYVILLE TN 37801
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Barbara Perez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME 36 E 5 Avenue	
13. STREET ADDRESS Hialeah, Fl. 33010	
14. CITY, ST, ZIP	
21. TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME Angelia D. Shults	
23. STREET ADDRESS 8472 NW 168 Terrace	
24. CITY, ST, ZIP Miami, Fl. 33016	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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)(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 in an attached sheet with an address.

SIGNATURE: *Angie D. Shults* **Angie D. Shults** 4-11-95 825-4080
(Type or typed or printed name of board officer or director) (Date) (Filing Office #)