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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000025117 (1)

1. Corporation Name

CONSORTIUM FOR DIAGNOSTICS, INC.



Principal Place of Business

4221 N. STATE RD. 7
LAUDERDALE LAKES FL 33319

Mailing Address

4221 N. STATE RD. 7
LAUDERDALE LAKES FL 33319-4844

3. Date Incorporated or Qualified

04/06/1993

3a. Date of Last Report

09/24/1996

2. Principal Place of Business

21 4221 N. State Rd 7.

2a. Mailing Address

26 4221 N State Rd 7.

Suite, Apt #, etc.

22 land, lakes M.

Suite, Apt #, etc.

27 land. lakes M.

City & State

City & State

23 Zip

33319

Country

USA

28 Zip

33319

Country

USA

4. FEI Number

65-0392259

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

FALOWSKI, FRANK
4221 N. STATE RD. 7
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name

FRANK FALOWSKI

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

4221 N. State Rd 7.

83

land. lakes M.

84

City

FL

85 Zip Code

33319

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, 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]

1-7-97.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME FALOWSKI, FRANK J
STREET ADDRESS 4221 N. STATE RD. 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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, unchanged, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)