FILE NOW: FILING FEE AFTER MAY 1ST.IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025117 (1)

CONSORTIUM FOR DIAGNOSTICS, INC.

FILED May 11 1998 8:00am Secretary of State



27 City & State City & State City & State 28 Country B. This corporation owes or has paid the current Personal Property Tax due June 30. Yes RALOWSKI, FRANK 4221 N. STATE RD. 7	Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/06/1993 2. Principal Place of Busines 2a. Mailing Address 2b. Mailing Address 3. Date incorporated or Qualified 04/06/1993 4. FEI Number 65-0392259 5. Certificate of Status Desired \$ City & State City & Stat	Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1993 2. Principal Place of Business 2a. Mailing Address 25. Sulte, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 28. Country Zip Zip Zip Zip Zip Zip Zip Zi	Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
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2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 4. FEI Number 65-0392259 5. Certificate of Status Desired 6. Election Campaign Financing 7. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 8. This corporation of Status Desired 9. Name and Addr	Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Valle, Apt. #, etc. 2c. Sulte, Apt. #, etc. 2c. City & State City & State City & State City & State Country Zip Name and Address of New Registered Agent Name FALOWSKI, FRANK 4221 N. STATE RD. 7	Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
21 26 65-0392259 Sulte, Apt. #, etc. City & State City & State City & State Country Zip Country B. This corporation owes or has paid the current Personal Property Tax due June 30. Ye Personal Property Tax due June 30. Ye RALOWSKI, FRANK 4221 N. STATE RD. 7	Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
Sulte, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28 Country Zip Country Zip Country Sulte, Apt. #, etc. City & State City & State Country Accountry Substitute of Status Desired Trust Fund Contribution Trust Fund Contributio	8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
27 City & State City & State City & State 28 Country B. This corporation owes or has paid the current Personal Property Tax due June 30. Yes RALOWSKI, FRANK 4221 N. STATE RD. 7	\$5.00 May Be Added to Fees year Intangible
City & State Trust Fund Contribution Trust Fund Contribution Registered Agent Personal Property Tax due June 30. Ye Registered Agent FALOWSKI, FRANK 4221 N. STATE RD. 7 62 Street Address (P.O. Box Number is Not Acceptable)	Added to Fees year Intangible
28 Trust Fund Contribution Zip Country Zip Country 25 29 30 Personal Property Tax due June 30. Xive 9. Name and Address of Current Registered Agent FALOWSKI, FRANK 4221 N. STATE RD. 7 Trust Fund Contribution 8. This corporation owes or has paid the current Personal Property Tax due June 30. Xive 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Added to Fees year Intangible
Zip Country Zip Country S. This corporation owes or has paid the current Personal Property Tax due June 30. Ye 9. Name and Address of Current Registered Agent FALOWSKI, FRANK 4221 N. STATE RD. 7 Country 8. This corporation owes or has paid the current Personal Property Tax due June 30. Ye Personal Property Tax due June 30. Ye 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
FALOWSKI, FRANK 4221 N. STATE RD. 7 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	i mii l
FALOWSKI, FRANK 4221 N. STATE RD. 7 82 Street Address (P.O. Box Number is Not Acceptable)	
4221 N. STATE RD. 7	nt
LAUDERDALE LAKES FL 33319	
83	
84 City 85	5 Zip Code
	1 '
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 characteristics of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of	inging its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	nent as registered
SIGNATURE	
Signature, typed or proving name of rugs terret agest and ideal applicable (NOTE, Registered Agent signature required when reliasting) DATE	
12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIF	
	Change
NAME FALOWSKI, FRANK J 12 NAME	
STREET ADDRESS 4221 N. STATE RD. 7 1.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change
NAME 22 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change
NAME 3.2 NAME	l
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-S1-ZIP	
TITLE DELETE 4.1 TITLE	Change
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-S1-ZIP	
TITLE DELETE 5.1 TITLE	Change
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-\$1-2IP 5.4 CITY-\$1-7IP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
Ann. An Bus	
64 CRY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify Indicated on this annual report or Applicmental annual report is fue and accurate and that my signature shall have the same legal effect as if made under c	

Indicated on this armual report or supplied with this hing does not dealing to the exemption stated in Section 119.07(3)(), Florida Statutes, indicate the information indicated on this armual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corportation or this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an arachitect with an address.