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

P93000043622 (8) DOCUMENT

A & M DIAGNOSTICS, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								T HOUSE HE SEN FOLDO BY THE ONE OF THE ORDER ON THE		1 11 610 1181 1881	
10640 NW 26TH PLACE SUNRISE FL 33322				10640 NW 26TH PLACE SUNRISE FL 33322				DO NOT WRITE IN THI	S SPACE		
								3. Date Incorporated or Qualified 06/16/1993			
2. Principal Place of Business				2a, Mailing Address				4. FEI Number			
21				26				65-04 15742		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State				City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country			Zip Count			,	8. This corporation owes or has paid the current year Intangible			
24	25 25 Name and Address of Curren			29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
			rrent Hegis	terea Agent		81	Name	10. Name and Address of New Registere	a Agent		
VOMERO, ANTHONY							Name				
	340 N W 26T					82	Street Add	Address (P.O. Box Number is Not Acceptable)			
SUI	NRISE FL 3	3322									
						83					
						84	'	F		ip Code	
11, Pursuant to office or reagent. La	to the provisi egistered age m familiar wit	ons of Sections 607 ent, or both, in the S h, and accept the o	.0502 and 6 tate of Flori bligations o	07.1508, Florida Stat da. Such change wa f, Section 607.0505,	tutes, the a s authorize Florida Sta	bove d by tutes	e-named corp the corporal s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changin opointment	g its registered as registered	
SIGNATURE											
Signature, typed or printed name of registered agont and title if applicable (NOTE: Ro						of Age	ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	TODO IN 10	
12.	DPVP	OFFICERS	AND DIREC	DELETE	13. 1.1 ī	ITI C		ADDITIONS/CHANGES TO OFFICERS A	Chan		
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Thereby 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 informatio 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 those 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.

11-10-93