

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0400

1995

95 MAY -1 AM 8:18

DOCUMENT # P93000045699 (4)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

QUALITY CARE DIAGNOSTICS, INC.

DO NOT WRITE IN THIS SPACE

3. Date first incorporated or qualified 06/22/1993	3a. Date of last report 02/17/1994
4. FEIN Number 65-0415959	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Name of corporation or individual 21	2a. Mailing Address 25
22	27
23	28
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, MARILYN
687 N.E. 6TH TERRACE
NORTH MIAMI BEACH FL 33179**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. I, the undersigned, of the provisions of Sections 607.0602 and 607.1503, Florida Statutes, the above named corporation hereby this statement for the purpose of changing its registered office to the new address set forth 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 authorized to accept the appointment of Sections 607.0605, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D
NAME	MILLER, MARILYN
NAME	687 N.E. 6TH TERRACE
NAME	NORTH MIAMI BEACH FL 33179

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, true, correct and reliable for the corporation stated in Section 607.0602, Florida Statutes. I further certify that the information included on 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 am authorized to accept the appointment of Sections 607.0605, Florida Statutes, and that my name appears on the back of the Florida Certificate of Incorporation with an addition.

SIGNATURE:

Marilyn Miller
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

MARILYN MILLER 4-28-95 742-7247