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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # P9400 TUM THERAPEUTIC DIAGN	•	(7)			
Principal Place of Business Mailing Address						
% MALCOLM GINNIS M.D. 1500 E. HULLSBORO BLVD. DEERFIELD BEACH FL 33441		1500 E. HILLSBORG	% MALCOLM GINNIS M.D. 1500 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441		Date Incorporated or Qualified	
		·			02/17/1994 01/20/1995	
2. Principa! Place of Business		2a. Mailing Address	2a. Mailing Address		4, FEI Number Applied For 65-0469373 Not Applicat	
Suite, Apt. #, etc			Suite, Apt. #, etc.		\$8.75 Additional	
2		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
<b>3</b> ] Zip	Country	Zip	Cou	ntry	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032,	
4]	25	29	30		Florida Statutes 🔀 Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent	
ONNINO ALACDOLALA						
GINNIS, MAGDOLNA C/O MALCOLM GINNIS M.D. 1500 EAST HILLSBORO BLVD.				82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			•	83		
	ELD BEACH FL 33441		-	84 City	<b>■ 85</b> Zip Code	
					FL   50   50   50   50   50   50   50   5	
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was auth ition 607.0505, Florida Statu	orized by the c	orporation's bo	pard of directors. I hereby accept the appointment as registered agent. I am	
	Signature typed or printed name of registered age			Agent signature requ	ured when reinstating? DATE	
12. TITLE	DP OFFICERS AF	ND DIFFECTORS	13. 1.1 Ti	TI F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	
NAME	-GINNIS, MARGOLINA		1.2 NA		MAGDOLNA GINNIS	
STREET ADDRESS	1500 E. HILLSBORO BLVD.			REET ADDRESS	LIMBROCIAL CHOMIS	
CITY-ST-ZIP	DEERFIELD BEACH FL 3344	1	1.4 CIT	Y - ST - 2IP		
TITLE		DELETE	2. 1 TC	TLE	Change Additio	
NAME			2 2 NA			
STREET ADDRESS				REET ADDRESS		
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STREET ADDRESS				REFT ADDRESS		
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NAMē			4.2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	4.4 CIT 5. 1 TI	Y-ST-ZIP	☐ Change ☐ Additio	
NAME			5.2 NA		El outrige El Mooillo	
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	6 171		☐ Change ☐ Additio	
NAME	1		6.2 NA	ME		
STREET ADDRESS			6.3 ST	REFT ADDRESS		
CITY - ST - ZIP			<del></del>	Y-ST-ZIP		
					y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further trate and that my signature shall have the same legal effect as if made unde	

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 on an attachment with an address.

SIGNATURE:

A UNE AND TYPED OF PRINTED NAME OF STORMED OFFICER OF DIRECTOR

4/22/96 97/ 426 1080 Date Prove 1