

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000015142 (0)

1. Corporation Name
FIRST CARE DIAGNOSTICS, INC.

Principal Place of Business
800 W CYPRESS CREEK ROAD SUITE 900
FT LAUDERDALE FL 33304

Mailing Address
890 W CYPRESS CREEK RD SUITE 900
FT LAUDERDALE FL 33304

APPROVED
AND
FILED

95 APR 21 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 9960 Central Ave Blvd.
Suite, Apt. #, etc.
22 102.
City & State
23 Boca Raton FL.
Zip
24 33428
Country
25 Palm Bch
26
27
28
29
30

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Incorporated or Qualified
02/11/1984

3a. Date of Last Report

4. FEI Number
59-221-5935

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

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MEDVEDEFF, FERMIN
10297 ISLANDER DRIVE
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 duties required by Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when re-registering) DATE: APR 14 1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEDVEDEFF, FERMIN
STREET ADDRESS	890 W CYPRESS CREEK ROAD SUITE 900
CITY - ST - ZIP	FT LAUDERDALE FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY - ST - ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY - ST - ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY - ST - ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY - ST - ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 proprietor 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: [Signature]

DATE: [Blank]

PRINTED NAME: [Blank]