FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL -6 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019075 (8)

1. Corporation Name
CLINICAL DIAGNOSTIC, INC.

Principal Place of Business
~~2655 LE JEUNE ROAD, PENTHOUSE I-D~~
~~CORAL GABLES FL 33134~~
2000 S.W. 27th Ave
Suite #304
Miami, Fla 33145

Mailing Address
~~2655 LE JEUNE ROAD, PENTHOUSE I-D~~
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994
3A. Date of Last Report:

2. Principal Place of Business
21 2000 S.W. 27th Ave
Suite Apt # etc
22 #304
City & State
23 Miami Florida
Zip
24 33145
Country
25 USA

2A. Mailing Address
26 2000 S.W. 27th Ave
State Apt # etc
27 #304
City & State
28 Miami
Zip
29 33145
Country
30 USA

4. FEI Number
65-0469543
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 elected to be governed by Section 607.0832, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
2655 LE JEUNE ROAD, PENTHOUSE I-D
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
01 Name: William Monaco
02 Street Address (P.O. Box Number is Not Acceptable): 2000 SW 27th Ave #304
03 Miami Florida
04 City: Miami FL 05 Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/28/95
Signature of Registered Agent or Officer or Director of Registered Agent Corporation — Date

12. OFFICERS AND DIRECTORS

D William Monaco
90 Edgewater Drive #411
Coral Gables Fla 33133

P William Monaco
90 Edgewater Drive #401
Coral Gables Fla 33133

S William Monaco
90 Edgewater Drive #401
Coral Gables, Fla 33133

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information contained in the foregoing annual report, including any amendment thereto, is true and accurate, and that the corporation has paid all fees due to the Department of State for filing the annual report or supplemental annual report, and that the corporation shall have the same kept office and a registered agent in the State of Florida at the place designated in this report or any amendment thereto, or shall have complied with the provisions of Section 607.0505, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: [signature] President 6/28/95 (305) 448-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0161348 CP