

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

**APPROVED  
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95 MAY -1 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000024617 (0)**

1. Corporation Name  
**ALLIED DIAGNOSTICS, INC.**

Principal Place of Business: **1560 N UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024**  
 Mailing Address: **1560 N UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024**

2. Principal Office Locations:  
 21. Name: **1560 N UNIVERSITY DRIVE**  
 22. City & State: **PEMBROKE PINES FL**  
 23. Name: **1560 N UNIVERSITY DRIVE**  
 24. City & State: **PEMBROKE PINES FL**

3. Date Incorporated or Chartered: **03/31/1994**  
 3b. Date of Last Report: **03/31/1994**  
 4. FEI Number: **65-0479094**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 7. This corporation has never had a suspended air vehicle:  Yes  No

9. Name and Address of Current Registered Agent:  
**LAW FIRM OF LAWRENCE J. SPIEGEL, CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:  
 B1 Name: **GONZALEZ, JESUS**  
 B2 Street Address: **1560 N UNIVERSITY DRIVE**  
 B3 City: **PEMBROKE PINES FL**  
 B4 Zip Code: **33024**

11. Pursuant to the provisions of Sections 607.0902 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE: *Jesus Gonzalez*

4-29-95

12. OFFICERS AND DIRECTORS

12a. NAME	<b>P GONZALEZ, JESUS</b>
12b. STREET ADDRESS	<b>1560 N UNIVERSITY DRIVE</b>
12c. CITY & STATE	<b>PEMBROKE PINES FL 33024</b>
12d. NAME	
12e. STREET ADDRESS	
12f. CITY & STATE	
12g. NAME	
12h. STREET ADDRESS	
12i. CITY & STATE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13b. STREET ADDRESS		
13c. CITY & STATE		
13d. NAME	<b>V/D GONZALEZ, VIVIAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13e. STREET ADDRESS	<b>1560 N UNIVERSITY DRIVE</b>	
13f. CITY & STATE	<b>PEMBROKE PINES, FL 33024</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13g. NAME		
13h. STREET ADDRESS		
13i. CITY & STATE		
13j. NAME		
13k. STREET ADDRESS		
13l. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is correctly furnished and true, and qualify for the exemption state law fees 339.02, 339.03, Florida Statutes. I further certify that the shareholders indicated on the financial statements are qualified and owned equal or more than one share and that the corporation shall have the same legal effect as if incorporated under the laws of the State of Florida. I am not a trustee or partner in any business enterprise and I am not the registered agent for this report as required by Florida Statutes, and that my name appears on this filing. I will change or correct information without notice.

SIGNATURE: *Jesus Gonzalez* **JESUS GONZALEZ 3 14-95 (305) 437-6122**