

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000038149**

1. Corporation Name

**THERMAL IMAGING DIAGNOSTICS, INC.**

Principal Place of Business

8511 N.W. 2ND MANOR  
CORAL SPRINGS FL 33071

Mailing Address

8511 N.W. 2ND MANOR  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/16/1994**

4. FEI Number

**65-0485125**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

**RUDA, STUART**  
8511 N.W. 2ND MANOR  
CORAL SPRINGS FL 33071

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, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **RUDA, STUART**  
STREET ADDRESS **8511 N.W. 2ND MANOR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ DELETE

NAME **LUSTGARTEN, HOWARD**  
STREET ADDRESS **8511 N.W. 2ND MANOR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 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:

*Stuart Ruda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

7/2/99

84 753 8303

CR2E034 (5/99)



THERMAL  
IMAGING  
DIAGNOSTICS,  
INC.

p94000038149  
582981-90007-17

P.O. Box 770845  
Coral Springs, Florida 33077-0845  
Ph: (954) 753-8303  
Fax: (954) 753-5920

July 2, 1999

Annual Reports Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom it May Concern,

Enclosed is our annual Profit Corporation annual report check for \$150.00. We have spoken to one of your operators at your "800" assistance number. Although the form we are returning this on states this is our second notice, the operator we spoke to at the "assistance number" confirmed to us that our first notice was returned back to your office.

This is at least the second year in a row that this occurrence has happened. The operator told us to send this letter and our form and check to the above listed address. We appreciate your consideration in this matter.

Very truly yours,  
Thermal Imaging Diagnostics, Inc.

Stu Ruda  
President