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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000049051

1. Corporation Name

A.B.C. DIAGNOSTIC TESTING, INC.

Principal Place of Business	Mailing Address
756 Riverside Drive Coral Springs, FL 33065	

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 1394 N.W. 100th Avenue	26 1394 N.W. 100th Ave.	65-0533417	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Coral Springs, FL	28 City & State: Coral Springs, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33065 / 25 Country: Broward	29 Zip: 33065 / 30 Country: Broward	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Filings, Inc.
3732 N.W. 16th Street
Ft. Lauderdale, FL 33311

10. Name and Address of New Registered Agent

81 Name: Jerome R. Siegel, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 9345 W. Sample Road
83
84 City: Coral Springs FL 85 Zip Code: 33065

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	President ☐ Change ☐ Addition
NAME	Manuel Vazquez	12 NAME	Manuel Vazquez
STREET ADDRESS	756 Riverside Drive	13 STREET ADDRESS	1394 N.W. 100th Avenue
CITY-ST-ZIP	Coral Springs FL 33065	14 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	Secretary, Treasurer	21 TITLE	Secretary, Treasurer ☐ Change ☐ Addition
NAME	Melissa Vazquez	22 NAME	Melissa Vazquez
STREET ADDRESS	756 Riverside Drive	23 STREET ADDRESS	1394 N.W. 100th Avenue
CITY-ST-ZIP	Coral Springs, FL 33065	24 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(k), 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: Manuel Vazquez MV Manuel Vazquez, (305) 755-4440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #