Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90158 029 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000059383

1. Corporation Name

Principal Place of Business

THERA-DIAGNOSTICS & MEDICAL SUPPLIES, INC.

2700 W OAKLA STE 18-A FT LADUERDAL US	IND PARK BLVD LE FL 33311	2700 W OAKLAND PAR STE 18-A FT LAUDERDALE F 333 US			3.		DO Nocorporated or		E IN THIS	SPAC	E	
2. Principal Pl	lace of Business	2a. Mailing Address			4.	FEI Nu					Apr	lied For
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Suite, Act.	#, etc.	Suite, Apt. #, etc.					ate of Status D)acirod		\$8	75 A	ditional
22		27			5.	Certific:	ite of Status D	resileu		F	ee Rec	uired
City & State	е	City & State			6.	Electio	n Campaign Fi	inancing		\$5	.00	1ay Be
23		28				Trust F	und Contributi	on		A	ded to	Fees
Zip	Cour try	Zip	Cour	ntry	8.	This co	rporation owe:	s the curre	ent year in			_
24	25	29	30				al Property Ta			□Ye	s l]No
	9. Name and Address of Curre	ent Registered Agent		04		. Name	and Address	of New R	egistered	Agent		
LHOC	CHENCON UNCOLD			81 1	Name							
	SCHENSON, HAROLD		}	82 5	Street Address (F	dress (P.O. Box Number is Not Acceptable)					_	
	9 NW 91ST LN IRISE FL 33351											
SUN	INISE PL 33331			83								
				84 (City				EI	85	Zip C	ode
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office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e o' Florida. Such change wa	is authorized	I by the	e corporation's be	oard of d	directors. I here	eby accep	t the appoi	ntment	as reg	istered
01011471107												
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	Signature, typed or printed nar ie of registered ag			Agent sig	gnature required when		NS/CHANGE	S TO OFF	DATE FICERS / N	ID DIR	CTOF	RS IN 12
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PFINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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 uncer 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 attachnient with an address, with all other like empowered.