04/16/1999 13:20 305-892-0822 JOEL BERNST

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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P94000065974

1. Corporation Name
DIATRON DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
14100 SW 136 ST. MIAMI FL 33186 US	PO BOX 339072 MIAMI FL 33233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994

2. Principal Place of Business	2a. Mailing Address
21	26 11900 BISCAYNE BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 604
23 City & State	28 City & State MIAMI, FL
24 Zip / 25 Country	29 Zip 33181 / 30 Country

4. FEI Number: 65-0519700 ☐ 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BERNSTEIN, JOEL~~
~~9701 BISCAYNE BLVD~~
~~MIAMI FL 33138~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD
83 SUITE 604
84 City MIAMI FL 85 Zip Code 33181

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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, W. P JR.		1.2 NAME		
STREET ADDRESS	10601 SNAPPER CREEK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOTZ, EDUARD J		2.2 NAME		
STREET ADDRESS	14100 SW 136 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DANDLIKER, WALTER B		3.2 NAME		
STREET ADDRESS	1024 HAVENHURST DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LA JOLLA CA		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STERNER, JOHN		4.2 NAME		
STREET ADDRESS	8930 SW 52 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RANA, VICTOR		5.2 NAME		
STREET ADDRESS	14100 SW 136 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, JOEL		6.2 NAME		
STREET ADDRESS	9701 BISCAYNE BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN