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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000066401 (8) **DOCUMENT #**

1. Corporation Name

ADVANCED DIAGNOSTIC TESTING, INC.

| Principal Place of Business | |
|-----------------------------|--|
| 297 SW 27TH AVENUE | |

FILED Apr 23 1996 8:00 am Secretary of State



| incipal Place o | | | | | | | | |
|--|--|--|--|--|--|-----------------------|----------------------|---|
| | of Business | Mailing Address | _ | |) | | | |
| 297 SW 27TH AVENUE 297 SW 27TH AVENUE MIAMI FL 33135 MIAMI FL 33135 | | | | | | | | |
| | | MININI IL GOLGO | | | 3. Date Incorporated or Qualified | 3a. Date of L | ast Reo | ort |
| | | | | | 09/06/1994 | | 3/1995 | |
| Principal Plac | pe of Business | 2a. Mailing Address | | | 4. FEI Number | 1526429 | | oplied For |
| · mopa. · · | •••• | 26 | | ,, <u></u> | X VALEIFRADIRO 2 + C | | 11 | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | □ \$ | | Additional equired |
| City & State | | 27 | 27 City & State | | E Stoction Campaign Financing | \$5.00 May Be | | |
| | | ⊢ ¬ ' | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | Co | untry | 8. This corporation has liability for | intangible tax ur | iders 1 | 199.032, |
| : 14.1 | 25 | 29 | 30 | | | ⊠ No | | |
| | 9. Name and Address of Curr | rent Registered Agent | | | 10. Name and Address of New F | Registered Age | nt | |
| | | | | 81 Name | | | | |
| SANZ, LI | | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptate | ole) | | |
| | ST FLAGLER STREET | | | 83 | | | | <u> </u> |
| miami fi | L 33125 | | | 03 | | | | |
| | | | | 84 City | | FL | 5 Zip | Code |
| | | | | The period opti | poration submits this statement for the puoper of directors. I hereby accept the app | | na its re | aistered off |
| | Signature, typed or printed name of registered a | agent and title if applicable. (I AND DIRECTORS | VOTE: Rugister | | puired when rainstating: ADDITIONS/CHANGES TO OF | DATE FICERS AND DI | RECTOR | RS IN 12 |
| | OFFICERS | AND DIRECTORS | 13 | ٠. | | | | -X |
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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 only, it is a contract and that my signature shall have the same legal effect as if made under only, that I am an officer or director of the corporation or the receiver or pushes 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 a paddress.

SIGNATURE: Luis A. Sanz

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

305 541-7093