## P94000066401 **DOCUMENT #**

1. Entity Name

ADVANCED DIAGNOSTIC TESTING, INC.

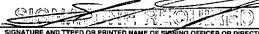
|                                      |                                      | V |
|--------------------------------------|--------------------------------------|---|
| Principal Place of Business          | Mailing Address                      |   |
| 297 SW 27TH AVENUE<br>MIAMI FL 33135 | 297 SW 27TH AVENUE<br>MIAMI FL 33135 |   |
| 2. Principal Place of Business       | 3. Mailing Address                   |   |
| 2. Thirdpart lace of business        | 5. Mailing Address                   |   |
| Suite, Apt. #, etc.                  | Suite, Apt. #, etc.                  |   |
| City & State                         | City & State                         | - |

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90138 014 \*\*\*150.00



| Suite, Apt. #, etc.                            |  |   | Suite, Ap                             | Suite, Apt. #, etc.                   |   |                         | DO NOT WRITE IN THIS SPACE |                                 |           |             |                           |               |  |
|--|--|---|---------------------------------------|---------------------------------------|---|-------------------------|----------------------------|---------------------------------|-----------|-------------|---------------------------|---------------|--|
| City & State                                   |  | City & St   | City & State                          |                                       | 4.  | 4. FEI Number of access |                            |                                 |           | Applied For |                           |               |  |
|  | ··                                       |   |                                       |                                       |   |                         |                            | 65-052642                       | 9         |             | _                         | ot Applicable |  |
| Zìp  |  | Country   | Zip                                   |                                       | Country   | 5.                      | Certificate of             | Status Desired                  |           |             | . <b>75</b> Ad<br>Require |               |  |
|  | 6. Name                                  | and Address of Currer   | nt Registered Ag                      | jent                                  |   | 7.                      | Name and A                 | dress of New                    | Registere | d Age       | nt                        |               |  |
| SANZ, ALEJANDRO J.<br>9214 S.W. 8 TERR         |  |   |                                       | Street A                              | Name Street Address (P.O. Box Number is Not Acceptable) |                         |                            |                                 |           |             |                           |               |  |
| MIAMI FL                                       | 331/4                                    |   |                                       |                                       | City  |                         |                            |                                 | F         | L           | Zip Cod                   | e             |  |
| 8. The above                                   | e named entit                            | y submits this statement  | for the purpose o                     | of changing its re                    | egistered office o                                      | r registered ag         | ent, or both,              | in the State of F               | Florida.  | I           |                           |               |  |
| SIGNATURE                                      |  | or printed name of registered age   | nt and title if applicable            | . (NOTE: I                            | Registered Agent signa                                  | ture required when re   | einslating)                |                                 | DATE      |             |                           | <del></del>   |  |
| Tax filing                                     |  | ible to satisfy its Intangib<br>and elects to do so.  | Afte                                  | er May 1, 2002                        | FEE IS \$150.<br>Pree will be \$1<br>to Department      | 550.00                  | 1                          | on Campaign F<br>Fund Contribut | _         |             |                           | May Be        |  |
| 11.  | ,  | OFFICERS ANI  | D DIRECTORS                           |                                       | 12.   | AC                      | DITIONS/CH                 | IANGES TO OF                    | FICERS AN | ND DIF      | RECTOR                    | S IN 11       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 9214 SW 8<br>MIAMI FL                    | EJANDRO JR.<br>B TERRACE<br>33174   |                                       | □ Delete                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                         |                            |                                 |           |             | Change                    | Addition      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | TD<br>SANZ, MIC<br>9214 SW 8<br>MIAMI FL | 3 TERRACE   |                                       | □ Delete                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                         |                            |                                 |           |             | Change                    | ☐ Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>.</b>                                 |   | Į                                     | Delete ~                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                         | · <b>=</b>                 |                                 | , ,,,     |             | Change:                   | - Addition    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   | ]                                     | □ Delete                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                         |                            |                                 |           |             | Change                    | ☐ Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   | Ī                                     | ☐ Delete                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                         |                            |                                 |           |             | Change                    | Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |                                       | □ Delete                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                         |                            |                                 |           |             | Change                    | ☐ Addition    |  |
| of the corr                                    | poration or th                           | information supplied wit<br>tor supplemental report i<br>e receiver or trustee emp<br>chment with an address, | s true and accur.<br>lowered to execu | ate and that my<br>ite this report as |   |                         |                            |                                 |           |             |                           |               |  |

**SIGNATURE:** 



Alejandro Sanz, Jr

4/29/02