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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000073552 (9)

DOCUMENT # SPECIALTY DIAGNOSTICS, INC.

SPECIALTY DIAGNOSTICS, I	NC.	<u> </u>
Principal Place of Business	Mailing Address	
1515 NORTH UNIVERSITY DRIVE SUITE 103 CORM SPRINGS EL 33071-8083	1515 NORTH UNIVERSITY DRIVE SUITE 103 CORAL SPRINGS FL 33071-6083	Date incorporated or Qualified

CORAL SPRINGS FL 33071-6083	CORAL SPRINGS FL 33071-608	3		3. Date Incorporated or Qua 10/06/1994	·fied	3a. Date	of Last 05/01/	
2. Principal Place of Business COURT	28. Malling Address	CI	•	4. FEt Number 65-0523160				Applied For Not Applicable
Suite, Apt. #, etc	Suite Apt. #, etc			5. Certificate of Status Desir	ed		7	75 Additional ee Required
2 ZOT City & State 3 TAMARAC, FL	City & State ARAC, 1	9L	**********************************	Flection Campaign Finance Trust Fund Contribution	ang			.00 May Be ded to Fees
3 7 7 Country 25 USA		untry	5A] Yes	IX No		rs 199 032.
9. Name and Address of Curre				10. Name and Address of	New F	Registered	Agent	
SAFRO, LINDA 1515 N. UN 8781 HOLLY CT. #201 TAMARAC FL 33321		81 82 83	Name	PSS IP A BOX NUMBER IS NO AS	ÜK	# #	20 ₁	ZC-50%2 1
		1	14/1	narac				~, , , , , , ,

	have after a project this statement for the purpose of changing its registered offi
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. Thereby accept the appointment as registered agent. Lam
	or reciptored agent, or hoth, in the State of hondy Such that go was demonstrately a
	to registered agent, but in high accept the philipations of Section 607.0505, Florida Statutes.

SIGNATURE		Dute Frequencial Agent Spiciture	many allowers proceedings
Sig	parize typed or institutionable of reputeest as interesting interesting in an interesting to the community of the community o	13.	ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12
12.	DPST DELETE	: 1 Tifle	Change Addition
TITLE	SAFRO, LINDA	12 NAME	8781 HOLLY COURT #201 TAMARAC, FL 33321
NAME	1515 N. UNIVERSITY DR., STE. 103	1.3 STREET ADDRESS	8481 HOLLY COOK! * 201
STREET ADDRESS	CORAL SPRINGS FL 33071-6083	1.4 CiTY - ST - ZiP	TAMARACIFU 33321
CITY - ST - ZIP	COMAL SPANIOS PL 3307 1 0000	2 1 TI'LF	Chang: Addition
TITLE	<u></u>	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2 4 CITY ST-ZIF	
CITY - ST - ZIP	☐ DELETE	3 1 IIILE	Change Addition
TITLE		3.2 NAME	
NAME		3.3 STREET ADDITIONS	
STREET ADDRESS		3.4 City - \$1-70°	
CITY - ST - ZIP	DELETE	4 1 TIFLE	Change Addition
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		1	
CITY-ST-ZIP	DELETE	5 1 TILE	Change Addition
TITLE	[] 012210	5.2 NAME	
NAME			
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP	CO DE CEL	5.4 City - St - 7-P	Change Addition
TITLE	DELETE	6 1 TIBLE	
NAME		6.2 NAME	
STREET ADDRESS		€ 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	ualty for the exemption stated in Section 19.07(3)(k). Florida Statutes, I further

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k). Florida Statutes, I further certify that if e information indicated on this amount report of supplemental amount report is true and accurate and that my signature shall have the same logal effect as if made under certify that if it is no officer or director of the corporation of the receipt or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on an attachment with an address

SIGNATURE: /

NAME OF SIGNING OFFICER OR DIRECTOR