FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| | MENT # P9400 on Name ALTY DIAGNOSTICS, INC. | 00073552 (9) | • | |) |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Principal Place of Business Ma | | Mailing Address | 1 | L HOOFIGHE HID INNE GENIL NAVIN BOWN BOWN DANN DANN INTER- | 1600 BARDE O1410 4001 4001 |
| 8781 HOLLY | COURT | 8781 HOLLY COURT | | | |
| SUITE 201 | | SUITE 201 | | DO NOT WRITE IN THIS COACE | |
| TAMARAC FL 33321 US | | TAMARAC FL 33321 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| 1 | | *** | | 10/06/1994 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | · · · - | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0523160 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | 27 | | 5. 63.4 | Fee Required |
| 23 | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip | Country | 7ip | Country | Trust Fund Contribution 8. This corporation owes or has paid the curre | Added to Fees |
| 24 | 25 | 29 | 30 | | Yes No |
| g, Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered A | |
| SA | FRO, LINDA | | 81 Name | | |
| 8781 HOLLY COURT | | | B2 Street | Address (P.O. Box Number is Not Acceptable) | |
| SUITE 201 | | | | | |
| TA | MARAC FL 33321 | | 83 | | |
| İ | | | 84 City | · | 85 Zip Code |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1509 Elevido Statuto | | | too the should person | FL | |
| office or i agent. I s SIGNATURE | registered agent, or both, in the Sta am familiar with, and accept the obt | ite of Florida. Such change was igaliens of, Section 607.0505, Florida. | authorized by the corporate Statutes. | I corporation submits this statement for the purpose of c poration's board of directors. I hereby accept the appoi | ntment as registered |
| SIGNATURE | Signature, typed or printed risin e of registered a | ngent and title if applicable (NO) | If Registered Agent signature | | |
| 12. | | NO DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND L | |
| TITLE | OPST CALINDA | ☐ DELETE | 1.1 TITLE | L | _ Change Addition |
| NAME | SAFRO, LINDA | 2001 | 1.2 NAME | | |
| STREET ADDRESS 8781 HOLLY COURT, SUITE 2 CITY-ST-ZIP TAMARAC FL | | zvi | 1.3 STREET ADDRESS | | |
| TITLE | 1/3m/siesty i L | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | 3 Orango C Producion |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | 1 | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Delete | 3.4 CITY-ST-ZIP | | la. ———————————————————————————————————— |
| TITLE | | DELETE | 4.1 TITLE | <u> </u> | Change |
| NAME STREET ADDRESS | | | 4. 2 NAME | | |
| STREET ADDRESS City-St-Zip | | | 4.3 STREET ADDRESS | | |
| TITLE | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAME | | • · · · · · · · · · · · · · · · · · · · | 5.2 NAME | | 2 - Sango rightedit |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 City - St - ZiP | | |
| TITLE | | DELET e | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |

14. Thereby 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 supplienced 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 corpy align 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 the fig. or on an altaquiment with an antifess.

4/16/98

FILED

Apr 29 1998 8:00am

Secretary of State