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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P94000079990 (5) DOCUMENT #
1. Corporation Name

N.P.I. DIAGNOSTIC, INC.

FILED Feb 26 1996 8:00 am Secretary of State



		Mailing Address				——		, 18116 1811	A 16311 ABIL (881
	e of Business	_	^						
5200 S.W. 8TI Suite 200	H STREET	5200 S.W. 8TH : SUITE 200	STREET						
MIAMI FL 33134		MIAMI FL 33134				3. Date incorporated or Qualified 3a. Date of Last Report 11/01/1994 05/01/1995			
Principal Pla	ace of Business	2a. Mailing Addres	SS			4. FEI Number	1 00,		Applied For
		26				65-0535898		\longrightarrow	Not Applicat
Suite, Apt. i	#, etc.	Suite, Apt. #, (etc.			5. Certificate of Status Desired		\$8.75	5 Additional
		27				J. Goranda G. States Books	<u> </u>	Fee	Required
City & State	9	City & State				6. Election Campaign Financing			May Be
-,		28				Trust Fund Contribution			d to Fees
Ζφ	Country	Zφ	⊢ ¬	Country		8. This corporation has liability for i		under s	199.032,
	25 9. Name and Address of Cui	rent Registered Agent	30	-т-		Florida Statutes Yes 10. Name and Address of New R		cont	
	g, Marie and Address of Cul	Trent Hogisterou Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	IV. Name Bild Address of New A	egistereu A	Agur	
CANITALA	ADIA ADACELY								
	IARIA, ARACELY W. 5TH TERRACE		82 Street Ad		Street Add	ddress (P.O. Box Number is Not Acceptable)			
MIAMI FL				83	<u> </u>				
MICSIMI FL	L								
•				84	City		FL	85 Zi	ip Code
Pursuant t	to the provisions of Sections 607.0 red agent, or both, in the State of F)502 and 607.1508, Florida Horida, Such change was a	Statutes, the a	above-r	named corpo	pration submits this statement for the pur and of directors. I hereby accept the appo	pose of char	nging its	registered o
familiar wit	In, and accept the obligations of, S	Section 607.0505, Florida S	tatutes.	ю оо.р	0,00000	ard or all botors. Thoroby accept the appe	ZII II I I I I I I I I I I I I I I I I	ogisierec	a agont ra
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cently that the information indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under call, 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 12 if changed, or on an attachment with an address.

227-2120