

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 29 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000002859 (3)

1. Corporation Name

NATIONAL DIAGNOSTICS/ORANGE PARK, INC.

Principal Place of Business

751 WEST BRANDON BLVD
BRANDON FL 33511
US

Mailing Address

747 BRANDON BLVD. WEST
BRANDON FL 33511-4901

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

07/01/1996

2. Principal Place of Business

21 1996 KINGSLEY AVE.

Suite, Apt. #, etc.

22

City & State

23 ORANGE PARK FL

Zip

24 32073

Country

25 USA

2a. Mailing Address

26 755 WEST BRANDON BLVD

Suite, Apt. #, etc.

27

City & State

28 BRANDON FL

Zip

29 33511

Country

30 USA

4. FEI Number

59-3294421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALLISTON, CURTIS L
STREET ADDRESS 747 BRANDON BLVD. WEST
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☒ DELETE

NAME TRABER, MARTIN A
STREET ADDRESS 100 N. TAMPA ST., #2700
CITY-ST-ZIP TAMPA FL 33602

TITLE P ☐ DELETE

NAME BAUGH, RONALD
STREET ADDRESS 1996 KINGSLEY AVE
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

100002309321---3

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

-10/01/97-01106-014

***2695.00 ***550.00

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby 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 supplemental 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 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 13 if changed, or on an attachment with an address.

CR2E034 (9/96)