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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500004796 (5)

BOCA DIAGNOSTICS, INC.

И

FILED Apr 02 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			e (Baliabli ila ibiat ainit aalit kakit ááitt anit a	OLIA DIBIN IDON 1811	IO 0316 1001
333 N.W. 36TH CT. 333 N.W. 36TH CT. BOCA RATON FL 33431 BOCA RATON FL 33431		333 N.W. 36TH CT. BOCA RATON FL 33431					
book iinton	12 00407	DOOR HATCH TE GOTO		1	DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified		
					01/17/1995		
	ace of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , , ,		4. FEI Number	Ap	plied For
	SW shorewood Dt.	26 3860 SW SHO	REWOOD DI	R	65-0552128	No	t Applicable
Suite, Apt	N, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 Dunne	illon, FL	28 DUNNELLON.	FL		Trust Fund Contribution	Added t	, ,
Zip 24] 344 3	Country 25 USA	Zip 29 34431 30	Country		This corporation owes or has paid the operation Personal Properly Tax due June 30.	-	angible No
: 1 - 1 - 1 - 1	9. Name and Address of Current I	10. Name and Address of New Registers					
CRUMP, JIM 333 N.W. SOTH CT. 3860 SW SHOREWOOD DR. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)							
BOCA RATON FL 33431 DUNNELLON, FL 34431 83							
· .			84 City		F		
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 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 prelied name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstaling) DATE							
12.	OFFICERS AND	DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE	P		Change	Addition
NAME	CRUMP, JIM		1.2 NAME	ČR	imp, Jim		
STREET ADDRESS	333 N.W. 36TH CT.		1.3 STREET ADDRESS		GO SW SHOREWOOD DR.		
CITY-ST-ZIP	BOCA RATON FL 33431	·	1.4 CITY - ST - ZIP	Du	MUELLON , FL 34431		
TITLE	\$	DELETE	2.1 TITLE	ST		Change Change	Addition
NAME	WONG, JUDY		2.2 NAME		NG-CRUMP, JUDY	•	ì
STREET ADDRESS	333 N.W. 36TH CT.		2.3 STREET ADDRESS		SO SW SHOREWOOD DR		
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CITY - ST-ZIP	200	NHELLON, FL 34431		,
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	Ì		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				- 1

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 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 change 1, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

3/30/48

(352)489-1400

Change

Addition

Addition