

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005577 (8)

1. Corporation Name

STATE OF THE ART DIAGNOSTIC TESTING, INC.



Principal Place of Business

Mailing Address

8050 SEMINOLE MALL OFFICE CENTER
SUITE 346
SEMINOLE FL 34642

8050 SEMINOLE MALL OFFICE CENTER
SUITE 346
SEMINOLE FL 34642

3. Date Incorporated or Qualified 01/18/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, SUE A
8391 76TH AVENUE NORTH
LARGO FL 34647

81 Name

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

83

84 City

FL

85 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 of officer or director of registered agent, if the filer is an officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CHRISTOPHER L. WILSON

1.2 NAME

STREET ADDRESS 3132 Belland Ct.

1.3 STREET ADDRESS

CITY-ST-ZIP AURORA IL 60504

1.4 CITY-ST-ZIP

TITLE V-PRESIDENT ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME MELVIN BAUER

2.2 NAME

STREET ADDRESS 850 119 AVENUE

2.3 STREET ADDRESS

CITY-ST-ZIP TREASURE ISL, FL 33706

2.4 CITY-ST-ZIP

TITLE SECRETARY/TREASURER ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME SUE ANN WILSON

3.2 NAME

STREET ADDRESS 8391 76 AVE N.

3.3 STREET ADDRESS

CITY-ST-ZIP LARGO, FL 34647

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Sue Ann Wilson SUE ANN WILSON

3-5-96

Date

Daytime Phone #

CR2E034 (12/95)