

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000007819 (2)**  
1. Corporation Name

**Florida Bio-Diagnostic Systems, Inc.**

Principal Place of Business

Mailing Address

**3233 S.E. Maricamp Rd  
Suite 103  
Ocala, FL 34471**

**SAME**

3. Date Incorporated or Qualified  
**01/18/96**

3a. Date of Last Report

2. Principal Place of Business  
21 **3233 SE Maricamp rd**

2a. Mailing Address  
26 **3233 SE Maricamp Rd**

4. FEI Number  
**59-3289889**

Applied For  
Not Applicable

22 **Suite 103**

27 **Suite 103**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23 **Ocala, Fl.**

28 **Ocala, Fl**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 **Zip 34471**

25 **Country  
USA**

29 **Zip 34471**

30 **Country  
USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Meo, Michael  
3233 SE Maricamp Rd.  
Suite 103  
Ocala, Fl. 34471**

81 Name **Meo, Michael**

82 Street Address **3233 SE Maricamp Rd**

83 **Suite 103**

84 City

**Ocala,**

**FL**

85 Zip Code  
**34471**

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

*Michael Meo*

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

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **Meo, Michael**  
STREET ADDRESS **627 Williamsburg Dr.**  
CITY-ST-ZIP **Daytona Beach, Fl 32117**

11 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **DeSantolo, Philip J**  
STREET ADDRESS **3415 Pine Walk North #202**  
CITY-ST-ZIP **Margate, Fl 33063**

12 NAME ☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **Petrillo, Louis**  
STREET ADDRESS **7900 SW 143 Street**  
CITY-ST-ZIP **Miami, Fl 33158**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Michael Meo / President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/24/96**

**(352) 624-1556**

CR2E034 (3/96)