

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

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90007 030 ***558.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015156

1. Corporation Name
VISION DIAGNOSTICS, INC.



Principal Place of Business 5200 DAVISSON AVE. ORLANDO FL 32810	Mailing Address 5200 DAVISSON AVE. ORLANDO FL 32810
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1995	
21	22	26	27	4. FEI Number 59-3301845	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**LAMMERS, LARRY M
5200 DAVISSON AVE.
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name **Tina Comrie**
 82 Street Address (P.O. Box Number is Not Acceptable) **5200 Davisson Ave Suite B**
 83 **Suite B**
 84 City **Orlando** FL 85 Zip Code **32810**

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 Tina Comrie **Tina Comrie - Site manager** 9/1/99
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	<input checked="" type="checkbox"/> DELETE
NAME	LAMMERS, LARRY M	
STREET ADDRESS	5200 DAVISSON AVE.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ANTHONY A	
STREET ADDRESS	5200 DAVISSON AVE.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	M. Lee Hulsebus	
1.3 STREET ADDRESS	9191 Towne Centre Dr. #420	
1.4 CITY-ST-ZIP	San Diego CA 92122	
2.1 TITLE	Dick Sloan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	9191 Towne Centre Dr. #420	
2.3 STREET ADDRESS	San Diego, CA 92122	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: M. Lee Hulsebus **M. LEE HULSEBUS** 9/1/99 619-455-7127 x3008
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)