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PROFIT CORPORATION ANNUAL REPORT



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

1996

FILED May 01 1996 8:00 am Secretary of State

i Corporat			000015986			į					
GEOCLAURI MOBILE DIAGNOSTIC SERVICE, INC. Principal Place of Business Mailing Address 3260 N.W. 13TH TERRACE MIAMI FL 33125 MIAMI FL 33125											
2 Principal I	Place of Busin					<u> </u> -	3. Date incorpo 02/27/	orated or Qualified	d 3a. Da	ate of Las	t Report
21	race or busing	ess	2a. Mailing Address				4. FEI Number				Applied For
Suite, Apt	t. #, etc.						65-0	56025	P	-	Not Applicable
22			27			1	5. Certificate of	Status Desired	П	\$8.	75 Additional
City & Sta	ite		City & State				6. Election Cam	naino Einanoina			e Required
Zip		Country	28				Trust Fund C	paign rinancing Ontribution		\$5 .	00 May Be
4		25	Z _{ip}	Count	ry		8. This corporat	ion has liability fo	r intangible	tax under	s 199.032
	9. Name	and Address of Curr	ent Registered Agent	<u> 30 </u>			i ionoa Statut	es ∐lYe	s IMNo		0 100.002,
				В	1 Name	<u>.</u>	IO. Name and A	ddress of New	Registered	Agent	
LUPE	Z, JESUS	TTO:		8:	2 Ctros	- - 					
MIAM	N.W. 13TH 1 I FL 33125	TERRACE		0.	Stree	I Address	(P.O. Box Numbi	er is Not Accepta	ible)	-,	
mr/vist(1 FL 33123			83	3						
				84	City						· -
44 5				1	1,					85 2	ip Code
11. Pursuant i	to the provision	ns of Sections 607,050	2 and 607 1508 Florida Stat								
 Pursuant t or register familiar wit 	to the provision red agent, or b th, and accept	ns of Sections 607,050 oth, in the State of Flo	02 and 607.1508, Florida Stat rida. Such change was autho	utes, the above- rized by the con	.L named cooration's	orporation	submits this sta	ement for the pu	rpose of ch	 I anging its 	registered office
 Pursuant f or register familiar wit IGNATURE 	to the provision red agent, or b th, and accept	ns of Sections 607,050 toth, in the State of Flotthe obligations of, Sec	02 and 607.1508, Florida Stat rida. Such change was autho ction 607.0505, Florida Statut	tutes, the above- vized by the corp es.	named cooration's	orporation board of	submits this sta directors. I hereb	ement for the pu y accept the app	rpose of ch pointment as	anging its registere	registered office d agent, I am
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SIGNATURE _	Signature, typed or	ported name of registered age		tutes, the above vized by the corpos. NOTE Registered Age 13.			reinstading)		Fiare		
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BIGNATURE _ 2. ITLE AME	Signature, typed or PTD LOPEZ,	printed name of registered age OFFICERS AT JESUS	nt and life if aggi cable (ND DIRECTORS DELETE	NOTE: Registered Age			reinstading)		DATE ICERS AND		
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SIGNATURE: SIGNATURE OF PRINTED NAME OF FIGNING OFFICER OR DIRECTOR

04/28/96 (306)643-1276