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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017699 (6)

DIABETES DIAGNOSTICS, INC.

Mailing Address Principal Place of Business 1868 N. UNIVERSITY DR. 1868 N. UNIVERSITY DR. SUITE 106 SUITE 106 PLANTATION FL 33322-4110 PLANTATION FL 33322 3. Date Incorporated or Qualified 3s. Date of Last Report 03/03/1995 05/01/1996 Applied For 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 59-3299315 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Źφ Zφ Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes X No Yes 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. treet Address (P.O. Box Number is Not Acceptable)
ACCEDE Executive Pork 82 TALLAHASSEE FL 32301 University Dr. 4106 ich Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of socitions office or registered agent or agent. Larn famili Florida Statutes SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN, 12 (96/6) DELETE Change Addition HUE 1 1 TITLE President DELATE, MARY LEE Green, Richard R. NAME 1.2 NAME **CR2E034** 1868, N. University Drive # 106 1868 N. UNIVERSITY DR., STE. 106 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33322 Plantation, FL 33822 CHY-ST ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TIFLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY ST. ZIE ☐ DELETE 3.1 TITLE Change ___ Addition THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-St-ZIP CL:Y - \$7 - ZIP DELETE Change Addition T:ILE 41 TiTLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CDY-ST-ZIF DELETE Change Addition 51 THE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CI1Y - S1 - ZIP DELETE Addition 6.1 TITLE THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CHY - S1 - 7/P

14. If do 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 occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the correctation on the receiver or trustee expressed of xecute this report as required by Chapter 607, Florida Statutes; and that my name

Date

INOR DIRECTOR