

FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED May 02, 2000 8:00 am Secretary of State

| 2000 | | DIVISION OF CORPORATIONS | |
|---------------------------------|---------------------|--------------------------|--|
| DOCUMENT # 1. Corporation Name | P95000023 | 545 | |
| INDEPENDENT DIAG | NOSTIC SERVICES, IN | NC. | |

| INDEPEN | IDENT DIAGNOSTIC SERVI | CES, INC. | | | | 1 | | |
|-----------------------------------|--|---|--|----------------------|------------------------------|---|-------------------------------------|------------------------------|
| Principal Place | of Business . | Mailing A | ddress | ··· | | [[| | |
| 8255 | SUNSET STRIP | 0262 | ~ | | | , | | |
| | | | PINES BL | | #103 | | | |
| SUNKI | SE, FL. 33322 | PEMBR | OKE PINE | S, F | L. 33 | 024 DO NOT WIGHT II | 4 11112 21-201 | |
| • | | | | | | Date Incorporated or Qualified 03/23/1995 | | |
| Principal Pi | lace of Business | 2u. Mailin | q Address | | | 4. FEI Number | | |
| 1 | | 26 | _ | | | 65-0569108 | | Applied Fu |
| Suite, Apt. | #, etc. | | Api. #, etc. | | | 00 0000 100 | <u> </u> | Not Applic 5 Addition |
| 2 | | 27 | | | | 5. Certificate of Status Desired | | Required |
| City & State | 2 | City 8 | State | | | U. Election Campaign Financing | \$5.0 | 00 May 8. |
| 3 | | 28 | | | | Trust Fund Contribution | | ed to Fees |
| _ ^{Ζιρ} | Country | Ζiρ | | Country | | a. This corporation owes the current y | | 20101003 |
| 4 | 25 | 29 | 30 | ו | | Personal Property Tax. | Yes | □ No |
| | 9. Name and Address of Currer | t Registered A | \gent | | | 10 Name and Address of New Regi | stered Agent | |
| LEVI | TT, PRESTON C | | | 81 | Name | | | |
| | W BROWARD BLVD, PH 4 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| PLAN | NTATION FL 33324 | | | [- | | aress (* .e. bex Hamber is Not Neceptasia) | | |
| 100 | 117/1014 1 333/24 | | | 83 | - | | | |
| | | | | 84 | City | | | Zia Coda |
| | | | | ļ | , | | | Zip Code |
| 11. Pursuant office or ragent. Fa | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga | 2 and 607,150 of Florida, Suctions of, Section | 8, Florida Statutes, h change was auth in 607,0505, Florid | the aboverised by | re-named co r the corpora | rporation submits this statement for the pur tion's board of directors. I hereby accept th | pose of changing e appointment a | g its registe s registere |
| SIGNATURE | | | | | J . | | | |
| 12. | Signature, typed or printed name of registered age | | | nyisteted Agr | ini sığıldible feçü | ared when consisting) | DATE | |
| TITLE | OFFICERS AN | ID DIRECTOR | | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIREC | CTORS IN |
| · | DPT | | ☐ DELETE | 1.1 TITLE | | | Char | nge 🔲, |
| NAME | GANS, MARK J | | | 12 NAME | | | | |
| STREET ADDRESS | DZJJ DONGET DIK. | | | 13 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | SUNRISE, FL. 3: | 3322 | | 14 CITY | ST-ZIP | | | |
| NAME | | | 1 _ DELETE | 2 1 TITLE | | | ☐ Chai | nge 📋 |
| STREET ADDRESS | | | | 2.2 NAME | İ | | | |
| CITY-ST-ZIP | | | | 2.3 STRE | ET ADORESS | 50000328(-06/08/00- | | 109 |
| TITLE | SEC | | O octore | 2 4 CITY | | ****150.00 | | 0.700~ |
| NAME | GANS, LINDSAY C | | ☐ OEFELE | 3 1 TITLE | | | □thái | inge - C 🗀 |
| STREET ADDRES: | 8255 SUNSET STR | r p | | 3 2 NAME | | | | |
| CITY-ST-ZIP | | 3322 | • | | ET ADDRESS | | | |
| TITLE - | DOWNIE S | 7322 | DELETE | 3.4 CiTY | | | | |
| NALIE | ł | | C DECETE | 4 1 TITLE | 1 | | ☐ Cha | ange 🗀 |
| STREET ADDRESS | | | | 4.2 NAM | Y | | | |
| CITY+\$T-ZIP | | | | i . | ET ADDRESS | | | |
| TITLE | | | DELETE | 5.1 TITLE | | | | |
| NAME | | | | 5.1 HILE 5.2 NAME | 1 | | ☐ Cha | ange [|
| STREET ADDRESS | :} | | | 1 | E l'ADORESS | • | | |
| CITY-ST-ZIP | | | | 5.4 CITY | - 1 | • | | |
| TITLE | | | DELETE | 6 1 TITLE | | | | = |
| NAME | 1 | | Ly Destit | 6.2 NAM | | | Chá | ange [|
| STREET ADDRESS | 3 | | | | ET ADDRESS | | | |
| | j | | | 0.001110 | | | | |

6 I CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

| SI | GNA | Ti | RE |
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MARK J GANS

PRES

800-224-6860