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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1997 8:00am

Secretary of State

stutes. I further certify that the legal effect as if made under oath; that

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000040032 (1)

INNOVATIVE MOBILE DIAGNOSTICS, INC.

Principal Plac	o of Rusinose	Mailing Address	· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business  1218 PARK AVENUE  ORANGE PARK FL 32073		Mailing Address  1218 PARK AVENUE	1218 PARK AVENUE			· 66111 61911 6511	1 8 8 1 8 9 1 1 1 1 8	VIST (48)
OHANGE PARK	FL 820/3	ORANGE PARK FL 320	73-4126			·		
					3. Date Incorporated or Qualified 05/19/1995	3a. Date 12/31	of Last Re	eport
2. Principal Place of Business 2a. Mailing			Address		4, FEI Number	1 15/01/	· / 1 ··	pplied For
21 26					59-3324442		No	ot Applicable
Suite, Apt. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State	·		6. Election Campaign Financing		\$5.00	
Zip			Counti	ν				
24	25 29 30		}—·1	•	Florida Statutes Yes No			
	g, Name and Address of Curren				10. Name and Address of New R			
WARFIELD, D.C., STEVEN				81 Name				
1218 PARK AVENUE			82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
UKA	NGE PARK FL 32073		8:	3				
			84	City			85 Zip (	Code
11. Pursuent	to the provisions of Sections 607.050	2 and 607 1508 Florida St	atutes the above	/e-named co	enoration submits this statement for the	FL purpose of ci	hanging it	e registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change w	as authorized b	y the carpor	rporation submits this statement for the ation's board of directors. I hereby acco	pt the appoir	ntment as	registered
SIGNATURE	and accept the obliga	COCO, COO HOROGO, IO SHORE	i, i lorida Statut	25.				
SIGNATORE	Signature, typed or printed name of registered age	nt and bile if applicable	(NOT Registereo A	jont signature req	uired when reinstating)	DATE	····	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 12
TITLE			1.1 TITLE				Change	Addition :
NAME	WARFIELD, D.C., STEVEN		1.2 NAME					
STREET ADDRESS	1218 PARK AVENUE			1 ADDRESS				
CITY-ST-ZIP TITLE	ORANGE PARK FL 32073	DELETE	1.4 CITY - 2 1 TITLE	ST-ZIP			T Chance	- Addition
NAME		bittit	2.2 NAME			L.	Change	☐ Addition
STREET ADDRESS				1 ADORESS				
CITY-ST-ZIP			2.4 City			3.5		
TITLE		DELETE	3.1 11TLE	31-211			Change	☐ Addition
NAME			3.2 NAME				_ •	_
STREET ADDRESS			3 3 S1REE	1 ADDRESS				
CITY-ST-ZIP			3.4 CHY	ST-ZH				
TITLE		☐ DELETE	4.1 TITLE				Сһапде	☐ Addition
NAME			4. 2 NAM					
STREET ADDRESS	4.3 \$1		4.3 STREE	1 ADDRESS	1			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				.,
TITLE	□ DELETE 5.1 TI		5.1 TITLE	1	4		] Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 CHY-	ST-ZIP				
TITLE		☐ DELE1E	6 1 1111.6			L	Change	☐ Addition
NAME			6.2 NAME	<u> </u> 				}
STREET ADDRESS			6.3 STHEE	T ADDRESS				

14. Ido hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Finformation indicated on this annual report or supplemental annual report is true and accurace and that my signature shall have a fam an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapte (

appears in Block 12 or Block 13 if changed, or on an attachment with an address.