SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000047168 (6)**

1. Corporation Name
ABSOLUTE DIAGNOSTIC SERVICES, INC.

Principal Place of Business
318 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

Mailing Address
318 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

3. Date Incorporated or Qualified: 06/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21 10721 NW. 48 Street
22 Suite, Apt. #, etc.
23 City & State: Coral Springs, Florida
24 Zip: 33076. 25 Country: U.S.A.

2a. Mailing Address
26 10721 NW. 48 Street
27 Suite, Apt. #, etc.
28 City & State: Coral Springs, Florida
29 Zip: 33076. 30 Country: U.S.A.

4. FEI Number: 65-0590525. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KONIG, GARY D ESQ.
HONIG, KAPLAN & SEGALL, P.A.
2500 E. HALLANDALE BCH. BLVD., STE., 707-B
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SHADER, MARK	
STREET ADDRESS	1803 N.W. 82ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	☐ DELETE
NAME	SHADER, SHELLEY K	
STREET ADDRESS	1803 N.W. 82ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	SHADER, Mark (Same)	Address
1.3 STREET ADDRESS	10721 N.W. 48 Street	
1.4 CITY-ST-ZIP	Coral Springs, Florida 33076.	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	Shader, Shelley	Address
2.3 STREET ADDRESS	10721 N.W. 48 Street	
2.4 CITY-ST-ZIP	Coral Springs, Florida 33076.	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shelley K Shader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 24, 1996. (Date) 954-341-7850. (Daytime Phone #)