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	Mailing Address
318 SOUTH UNIVERSITY DRIVE **PLANTATION FL 33324**	**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: Coral Springs, Florida.
24: Zip 33076. 25: Country U.S.A.

2a. Mailing Address
26: 10721 NW 48 Street
27: Suite, Apt. #, etc.
28: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHADER, MARK 1803 N.W. 82ND AVENUE CORAL SPRINGS FL 33071	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D SHADER, Mark (Same) 10721 N.W. 48 Street. Coral Springs, Florida 33076.	☒ Change Address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHADER, SHELLEY K 1803 N.W. 82ND AVENUE CORAL SPRINGS FL 33071	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P Shader, Shelley 10721 N.W. 48 Street Coral Springs, Florida 33076.	☒ Change Address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 June 24, 1996. 954-341-7850.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)