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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State

FILED Apr 30 1998 8:00am Secretary of State

| | 1998 | • " | | | | |
|--|--|--|--|--|--|--|
| | MENT # P9500 LUTE DIAGNOSTIC SERVI | 00047168 (6) CES, INC. | | | | |
| | | | | | | |
| Principal Place | of Business | Mailing Address | | I HODATODI IAO ADIGLI ADALLI ODERI DDA | | |
| 10721 NW 48 ST CORAL SPRINGS FL 33076 | | 10721 N W 48 ST CORAL SPRINGS FL 33076 | | | | |
| US | | US | | DO NOT WRITE IN | THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified 06/14/1995 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 65-0590525 | Not Applicable | |
| 22] | | 27] | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State |) | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | Constan | 28 | Country | Trust Fund Contribution | Added to Fees | |
| Ζιρ 24 | Country 25 | _ Zip | Country 30 | This corporation owes or has paid Personal Property Tax due June 30 | | |
| | 9. Name and Address of Curre | | | 1g. Name and Address of New Regi | | |
| | ONIG, GARY D ESQ. | | 81 Name | | | |
| 2500 E. HALLANDALE BCH. BLVD., STE., 707-B | | | 82 Street | eet Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | |
| ,,,, | ALLANDALL I L 30008 | | 24 (04) | | las I Zin Cuda | |
| | | | 84 City | | FL 85 Zip Code | |
| 11. Pursuant to | o the provisions of Sections 607.05 egistered agent, or both, in the Stat | 02 and 607-1508, Florida Statute: ii of Florida, Such change was au | s, the above-named thorized by the corp | corporation submits this statement for the pur poration's board of directors. I hereby accept | pose of changing its registered the appointment as registered | |
| agent Lar | n familiar with, and accept Incoble | gations of Section 607.0505, Flori | ida Statutes. | | ,, , | |
| SIGNATURE | Stipsatone type doe peets op ama of respots tost a | | Hegistered Agent signature | requiring when reinstaling) | DATE | |
| 12. | OFFICERS AT | ND DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 Change Addition | |
| NAME | SHADER, MARK | L) bittie | 12 NAME | | Change Availabil | |
| STREET ADDRESS | 10721 N W 48 ST | | 1 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 1.4 CITY - ST - ZIP | 33076 | | |
| TITLE | D OLIVERY OF STREET | ☐ DETELE | 2 1 TITLE | | Change Addition | |
| NAME STREET ARREVAGE | SHADER, SHELLEY K 10721 N W 48 ST | | 2 2 NAME | | | |
| STREET ADDRESS CITY-ST ZIP | CORAL SPRINGS FL | | 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP | .33076 | | |
| TITLE | 001742 0171111100 12 | DELETE | 3 1 TITLE | 30014 | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | | |
| CITY-ST ZIP | | DELETE | 3.4 CITY-ST-ZIP 4.1 TITLE | | Change Addition | |
| TITLE NAME | | | 4 2 NAME | | FT change FT vocation | |
| STREET ADDRESS | | | 4.3 STREET ADORESS | | | |
| CITY-ST-7IF | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DEL€TE | 5 1 TITLE | | Change Addition | |
| NAME CIPIET ADDIESC | | | 5 2 NAME | | | |
| STREET ADORESS CITY-ST-ZIP | | | 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | | | |
| THE | | DELETE | 6 1 TITLE | | Change Addition | |
| NAME | | | 62 NAME | | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6 4 CITY-ST ZIP | | | |

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