FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000049813

1. Corporation Name

JKJ MEDICAL TESTING, INC.

Principal Place of Business	Mailing Address
1451 Cypress Creek Rd. Suite 300 Fort Lauderdale, FL 33309	1451 Cypress Creek Rd. Suite 300 Fort Lauderdale, FL 33309

3. Date Incorporated or Qualified: 6/23/1995
3a. Date of Last Report:
4. FEI Number: [X] 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 8400 University Dr.	26 8400 University Dr.
Suite, Apt. #, etc. 22 Suite #213	Suite, Apt. #, etc. 27 Suite #213
City & State 23 Tamarac, FL	City & State 28 Tamarac, FL
Zip 24 33321	Zip 29 33321
Country 25 Broward	Country 30 Broward

9. Name and Address of Current Registered Agent

Jane McCann
1451 Cypress Creek Rd.
Suite 300
Fort Lauderdale, FL 33309

10. Name and Address of New Registered Agent

81 Name: Joseph Dietrich
82 Street Address (P.O. Box Number is Not Acceptable): 8400 University Dr.
83 Suite #213
84 City: Tamarac, FL 85 Zip Code: 33321

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: X Joseph Dietrich — DATE: 8/6/96

NOTE: Required signature required when filing

12. OFFICERS AND DIRECTORS		
TITLE	President	[ ] DELETE
NAME	James Salamone	
STREET ADDRESS	12280 N.W. 30th Place	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	Vice President	[ ] DELETE
NAME	Kent Bernarduci	
STREET ADDRESS	9285 Affirmed La.	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	Secretary/Treasurer	[ ] DELETE
NAME	Joseph Dietrich	
STREET ADDRESS	10339 NW 16th Ct.	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	400001919340	[ ] Change [ ] Addition
6.2 NAME	-08/12/96--01048--021	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

8/12

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Joseph Dietrich — 8/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date