FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

A CONTINUE TO SEED BELLE BOTTO BASIL BEST BOTT TERM TOLEN TOLEN 18180 1111 \$ 1101 1881

1996

P95000071932 (4)

DOCUMENT # 1, Corporation Name

SIGNATURE:

CHOO CHOO DIAGNOSTICS, INC.

Principal Place of Business Mailing Address					I IMMINORI LIA INTRI ALIII OOKI AALII OOKII AA	1)
11751 SW FIRST STREET PLANTATION FL 33325		11751 SW FIRST STREET PLANTATION FL 33325				
					3. Date Incorporated or Qualified 3a. 09/15/1995	Date of Last Report
Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 65-06 10 32	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	······		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	. • • • • •		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29	Gountry 30	,	8. This corporation has liability for intangit Florida Statutes Yes N	
	g. Name and Address of Cur	rent Registered Agent	<u> </u>		10. Name and Address of New Registe	red Agent
			81	Name		
	on, floyd d / first street		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	ON FL 33325		83			
			84	City		85 Zip Code
or registered familiar with,	Lagent, or both, in the State of F	lorida: Such change was aufhorize lection 607.0505: Florida Statufes	id by the corp	oration's boa	ration submits this statement for the purpose of aid of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the p	nt as registered agent. Lank
12.		AND DIRECTORS	13.	ra agriosoro io pa	ADDITIONS/CHANGES TO OFFICERS	
TITLE		DELETE	1 1 TITLE	F	my land	Chacne M Addition
NAME			1.2 NAME	'/	Toy D WHENOU	
STREET ADDRESS			1.3 STREE	'ADDRESS	11 1515W 1ST	-
CITY - ST - ZIP			1.4 CITY -	ST-ZIP	Playtotion FL 3	23325
TITLE		DELETE	2.1106			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	LADDRESS		
CITY-ST-ZIP			2.4 Cify -			D Character D Addition
TITLE		☐ DELETE	3 1 1/11/1			Change Addition
NAMÉ			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
C:TY-ST-ZIP		CELETE	3.4 CITY 4.1 DILE			Change Addition
TITLE		LJ DELEVE	4.2 NAME			C average C vistorian
NAME				LADORESS		
STREET ADDRESS			4 4 CiTy			
CITY-ST-ZIP TITLE		DELETE	5 1 Till:			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREE	1 ADDRESS		
CITY-ST-7P			5.4 Ci ¹ Y -	ST-ZIP		
TITLE		DELETE	6 1 1111			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	EL ADDRESS		
CITY - ST - ZIP			6.4 C(I)			
continuithat t	he information indicated on this .	annual renort or supplemental anni	uai renort is t	กมอ ลาต์ สดดนเ	for the exemption stated in Section 119.07(3) rate and that my signature shall have the same his report as required by Chapter 607, Florida S	legal effect as il made under

NONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR,

Flord Dulkenson 8-2-96