

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 # P95000084245 (6)

1. Corporation Name

DIAGNOSTIC TESTING GROUP, INC.



Principal Place of Business Mailing Address
C/O BURT E. EISENBERG, ESQ.
4700B SHERIDAN STREET
HOLLYWOOD FL 33021
C/O BURT E. EISENBERG, ESQ.
4700B SHERIDAN STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified 11/02/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 8700 N. KENDALL DR. 26 40 HAROLD GOBSTEIN
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 206 27 1836 MONTE CARLO WAY
City & State City & State
23 MIAMI, FL. 28 CORAL SPRINGS, FL
Zip Country Zip Country
24 33176 25 DA DE 29 33071 30 BROWARD

4. FEI Number 65-0629116 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
GOBSTEIN, HAROLD
1836 MONTE CARLO WAY
CORAL SPRINGS FL 33071
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 signature required when reinstating) Date

12. OFFICERS AND DIRECTORS
TITLE D GOBSTEIN, HAROLD
NAME 1836 MONTE CARLO WAY
STREET ADDRESS CORAL SPRINGS FL 33071
CITY-ST-ZIP
TITLE D
NAME CIANCIULLI, STEPHEN
STREET ADDRESS 21 PLYMOUTH COURT
CITY-ST-ZIP OLD BRIDGE NJ 08857
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Harold Gobstein, TREAS HAROLD GOBSTEIN 4/2/96 305-990-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)