## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jul 28, 2004 8:00 am Secrétary of State DOCUMENT # P95000086611 1. Entity Name 07-28-2004 90017 032 \*\*\*150.00 J.A.C. DIAGNOSTICS, INC. Mailing Address Principal Place of Business 6067 HOLLYWOOD BLVD 6067 HOLLYWOOD BLVD 54065219 HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 3434 N.E. 12 th 2021 N.E. 52 nd Court Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State Applied For City & State 4. FEI Number 65-0627061 Not Applicable OaMland Laudingail Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUGLIELMO, JERRY Street Address (P.O. Box Number is Not Acceptable) 6067 HOLLYWOOD BLD 3RD FLOOR HOLLYWOOD FL 33024 City Zin Code 8. The above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change Addition TITLE ☐ Delete GUGLIELMO, JEARY GUGLIELMO, JERRY NAME NAME STREET ADDRESS 6067 HOLLYWOOD BLVD 3RD FL STREET ADDRESS 2021 N.E. 52'nd Court HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-7IP FORT LAWDER DALE FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Jeury C. Godlie Imo

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