

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90481 014 ***150.00

DOCUMENT # P95000091324	
1. Entity Name	
Preferred Diagnostics, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 327 East Robertson Avenue Suite, Apt. #, etc.		3. Mailing Address 327 East Robertson Avenue Suite, Apt. #, etc.	
City & State Brandon, FL		City & State Brandon, FL	
Zip 33511	Country USA	Zip 33511	Country USA

DO NOT WRITE IN THIS SPACE

94066087

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3349998		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Nancy H. Corbett		
	Street Address (P.O. Box Number is Not Acceptable) 327 East Robertson Avenue		
City Brandon		FL	Zip Code 33511

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 Nancy H. Corbett **4/20/2004**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nancy H. Corbett 327 East Robertson Avenue Brandon, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy H. Corbett \ Director **4/20/2004** **(813) 661-4268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**