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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091973 (4)

1. Corporation Name

DIAGNOSTIC CLINICAL TESTING, INC.



Principal Place of Business

5480 LYONS ROAD
UNIT 109
COCONUT CREEK FL 33073

Mailing Address

5480 LYONS ROAD
UNIT 109
COCONUT CREEK FL 33073-2816

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 230 S.E. MIZNER BLVD

2a. Mailing Address

26 230 S.E. MIZNER BLVD

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

FL 33432

Country

25 U.S.A.

Zip

29 33432

Country

30 U.S.A.

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

FELD, WILLIAM D
5480 LYONS ROAD
UNIT 109
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name FELD, WILLIAM D.
82 Street Address (P.O. Box Number is Not Acceptable) 230 S.E. MIZNER BLVD #
83 # 309
84 City BOCA RATON FL 85 Zip Code 33432

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 | P | DELETE |
| NAME | FELD, WILLIAM D | |
| STREET ADDRESS | 5480 LYONS ROAD UNIT 109 | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 IN 12

| | | |
|-------------------|--------|----------|
| 11 TITLE | Change | Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | Change | Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | Change | Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | Change | Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | Change | Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | Change | Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/97 561-395-5458

CR2E034 (9/96)