SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000095547 (2)**

1. Corporation Name
SOURCE ONE DIAGNOSTIC, INC

Principal Place of Business	Mailing Address
1301 SEMINOLE BLVD #155 LARGO FL 34640	1301 SEMINOLE BLVD #155 LARGO FL 34640

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2843 Thaxton Dr.	26 2843 Thaxton Dr
Suite, Apt #, etc 22 36	Suite, Apt #, etc 27 36
City & State 23 Palm Harbor FL	City & State 28 Palm Harbor FL
Zip 24 34684 Country 25 USA	Zip 29 34684 Country 30 USA

4. FEI Number: 59-3349109 ☐ 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

FINANCIAL FOUNDATIONS
1301 SEMINOLE BLVD #155
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: Karen VanBuskirk
82 Street Address (P.O. Box Number is Not Acceptable): 2843 Thaxton Dr.
83: Ste 36
84 City: Palm Harbor FL 85 Zip Code: 34684

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: Karen VanBuskirk — 7/30/96
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when restoring) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	BUTTERFIELD, KEVIN		12 NAME	Karen VanBuskirk	
STREET ADDRESS	1301 SEMINOLE BLVD #155		13 STREET ADDRESS	2843 Thaxton Dr, Ste 36	
CITY-ST-ZIP	LARGO FL 34640		14 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		☐ DELETE	21 TITLE	VP	☐ Change ☒ Addition
NAME			22 NAME	Greta Butterfield	
STREET ADDRESS			23 STREET ADDRESS	1616 Lancashire Ct	
CITY-ST-ZIP			24 CITY-ST-ZIP	Indianapolis, IN 46260	
TITLE		☐ DELETE	31 TITLE	S,T	☐ Change ☒ Addition
NAME			32 NAME	Deborah Cole	
STREET ADDRESS			33 STREET ADDRESS	4810 84th Terr	
CITY-ST-ZIP			34 CITY-ST-ZIP	Pinellas Park, FL 34665	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	700001910687	☐ Change ☐ Addition
NAME			62 NAME	-08/01/96--01043--030	
STREET ADDRESS			63 STREET ADDRESS	***225.00	
CITY-ST-ZIP			64 CITY-ST-ZIP		

8/1/96

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Karen VanBuskirk — 7/30/96 — 813-781-0716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #