

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000095547 (2)**

1. Corporation Name

SOURCE ONE DIAGNOSTIC, INC



Principal Place of Business 2843 THAXTON DR. #36 PALM HARBOR FL 34684	Mailing Address 2843 THAXTON DR. #36 PALM HARBOR FL 34684-4755
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2. Principal Place of Business 21 2843 Thaxton Dr		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 08/01/1996
Suite, Apt. #, etc. 22 #36		Suite, Apt. #, etc. 27 "		4. FEI Number 59-3349109	Applied For Not Applicable
City & State 23 Palm Harbor, FL		City & State 28 "		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34684	Country 25 USA	Zip 29 "	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent VAN BUSKIRK, KAREN 2843 THAXTON DR. #36 PALM HARBOR FL 34684		10. Name and Address of New Registered Agent B1 Name: Same B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City: FL B5 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P VAN BUSKIRK, KAREN	1.2 NAME	
STREET ADDRESS	2843 THAXTON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP BUTTERFIELD, GRETA	2.2 NAME	JULIUS VANBUSKIRK
STREET ADDRESS	1616 LANCASHIRE	2.3 STREET ADDRESS	2843 Thaxton Dr #36
CITY-ST-ZIP	INDIANAPOLIS IN 46260	2.4 CITY-ST-ZIP	Palm
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T COLE, DEBORAH	3.2 NAME	
STREET ADDRESS	4810 84TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34685	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Karen Van Buskirk REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)