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

CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006321 (9)

Principal Place of Business Mairing Address 10540 NW 36TH PLCE \$URRISE FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1996 2. Principal Place of Business 2a. Mairing Address 4. FEI Number Applied F 11 28	1. Corporation (DIAGNOSTICS, INC.	00000021	(3)						
SUMRISE FL 33322 SUMRISE FL 33322 2a. Mailing Address 2b. Mailing Address 2c. Mailin	Principal Place of Business Mailing Address							HIE MEINE HIND LEI	18 1 F101 f001	
3. Date Incorporated or Qualified 01/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied F. Suite, Apt. #, etc. 5. Certificate of Status Desired 58.75 Addition Fee Required City & State 2a							DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. City & State Country Sine and Address of Current Registered Agent 10. Name and Address of New Registered Agent KIRSCHNER, RONALD A 2310 NW 95TH TERRACE CORAL SPRINGS FL 33065 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code Signature City & State City & St							3. Date Incorporated or Qualified) OI ACL		
Suite, Apt. #, etc. 2 27	Principal Place of Business 2a. Mailing Address							A	pplied For	
City & State Zip Country Zip Country Zip Country Zip Country Registered Agent City & State Research Address of Country Registered Agent City & State Research Address of Country Registered Agent City & State Research Address of Country Registered Agent City & State Research Address of New Registered Agent City & State Research Address of New Registered Agent City & State Research Address of New Registered Agent City & State Research Address of New Registered Agent City & State Research Address of New Registered Agent City & State Research Address of New Registered Agent City & State Research Address of New Registered Agent City & State Research Registered Agent City & State Research Registered Agent City & State Research Registered Agent Research Registered Registered Registered Registered Registered Agent Research Registered Agent Registered Agent Registered Registered Agent agent Registered Agent agent Registered By the corporation's board of directors. I hereby accept the appointment as register Registered Agent Registered Agent agent Registered Agent agent Registered Agent agent Registered By the Corporation's board of directors. I hereby accept the appointment as register Register Address (P.O. Box Number renstation) DATE Research Registered Agent Registered Agent agent Registered Agent Registered Agent agent Registered Agent Re	1		26				65-0641744		ot Applicab	
28 Trust Fund Contribution Added to Fees Zip Country Zip Country 30 B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. No. Name and Address of Current Registered Agent 10. Name end Address of New Registered Agent NKRSCHNER, RONALD A 2310 NW 95TH TERRACE CORAL SPRINGS FL 33065 11. Pursuant to the provisions of Socious 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent I am familiar with, and accept the obligations of Socious 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE OFFICERS AND DIRECTORS IN 12. STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE CORAL SPRINGS FL 33085 CITY-ST-ZIP DELETE 2.1 TITLE CORAL SPRINGS FL 33085 CITY-ST-ZIP DELETE 2.2 STREET ADDRESS CITY-ST-ZIP DELETE 2.2 STREET ADDRESS	-	etc.	}				5. Certificate of Status Desired			
Personal Property Tax due June 30. Yes No. No. No. Yes Yes No. Yes No. No. Yes No. No. Yes Yes No. Yes No. Yes No. Yes No. Yes No. No. No. Yes No. No. No. Yes No. No. Yes No. No. Yes No. No. No. Yes No. No. Yes No. No. Yes No. No. Yes	¬ ' '		28				· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees		
SIGNATURE OF ICERS AND DIRECTORS IN Name PL 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 register of agent am familiar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE Signature hysed of pertind name of registered agent and for if application Of ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D CHANGE STREET ADDRESS CITY-ST-2P CORAL SPRINGS FL 33085 DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS CITY-ST-2P CORAL SPRINGS FL 33085 DELETE 2.2 NAME STREET ADDRESS CITY-ST-2P CORAL SPRINGS FL 33085 CITY-ST-2P CORAL SPRINGS FL 33085 CITY-ST-2P 2.2 NAME STREET ADDRESS CITY-ST-2P CORAL SPRINGS FL 33085	Zip	Country	Zip	Co	untry	,	8. This corporation owes or has paid the o			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe	4		1-1	30					□ No	
2310 NW 95TH TERRACE CORAL SPRINGS FL 33085 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 95 Zip Code 85 City FL 95 Zip Code 86 City FL 95 Zip Code 86 City FL 95 Zip Code 87 City FL 95 Zip Code 88 City FL 95 Zip Code 89 City FL 95 Zip Code 99 City FL 95 Zip Code 99 City FL 95 Zip Code 99 City FL 95 Zip Code 90 City Florida Statutes 90 City Fl		9. Name and Address of Cu	rrent Registered Agent		1_	,	10. Name and Address of New Registere	i Agent		
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 regist 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 register agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature hybrid or protect name of registered agent and front applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP CHange Ad AD Change Change Change Change Change Cha						Street Add	dress (P.O. Box Number is Not Acceptable)			
SIGNATURE Signature typed or present name of registered agent and loc of applicable. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1.1 TITLE KIRSCHNER, RONALD A STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33085 DELETE DELETE DELETE 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Ad AD Change Ad AD Change Ad AD Change Ad Change Ad						,		L		
Signature hybrid or predict name of registered agent and ten if applicable (NOTE Registered Agent alignature required when reinstating) 12. OF FICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE VAMAE KIRSCHNER, RONALD A 12 NAME STREET ADDRESS 23 10 NW 95TH TERRACE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE VAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP CHANGESS CITY-ST-ZIP DELETE 2.1 TITLE VAME 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE VAME 2.4 CITY-ST-ZIP DELETE 2.5 STREET ADDRESS CITY-ST-ZIP DELETE 2.5 STREET ADDRESS CITY-ST-ZIP	11. Pursuant to office or reg agent. I am	the provisions of Sections 607 jistered agent, or both, in the S familiar with, and accept the o	.0502 and 607.1508, Flori State of Florida. Such char obligations of, Section 607	da Statutes, the ange was authorized. 0505, Florida Sta	above ad by atutes	e-named co the corporation	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	of changing i pointment as	ts registere registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	SIGNATURE									
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STREET ADDRESS 33 STREET ADDRESS	- 1					ADDOCCO				

6.4 CITY-ST-ZIP 14. 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 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 chapter 607, an attachment with an address

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition

FILED

May 06 1998 8:00am

Secretary of State