

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000006409 (2)

1. Corporation Name

ADVANCED MOBILE DIAGNOSTICS, INC.

FILED
Feb 11 1997 8:00am
Secretary of State



| | | | |
|---|--|--|--|
| Principal Place of Business TWO GREENVILLE CROSSING 4001 KENNETT PIKE, SUITE 300A WILMINGTON DE 19807-0477 | | Mailing Address TWO GREENVILLE CROSSING 4001 KENNETT PIKE, SUITE 300A WILMINGTON DE 19807-2315 | |
| 2. Principal Place of Business 21 161 Madiera Ave Suite, Apt. #, etc. Suite 5 City & State Coral Gables FL Zip 33134 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Zip Country | |
| 3. Date Incorporated or Qualified 01/22/1996 | | 3a. Date of Last Report | |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 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 checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 1116-D THOMASVILLE ROAD TALLAHASSEE FL 32303 | | 10. Name and Address of New Registered Agent 81 Name Jeffrey Senter 82 Street Address (P.O. Box Number is Not Acceptable) 1076 creekford Dr. 83 84 City Ft Lauderdale FL 85 Zip Code 33326 | |

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

Jeffrey Senter

(NOTE: Registered Agent signature required when reinstating)

DATE 1/18/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SENER, JEFF | 1.2 NAME | Senter, Jeff |
| STREET ADDRESS | 2 GREENVILLE CROSSING, 4001 KENNETT PK. | 1.3 STREET ADDRESS | 161 Madiera Ave Suite 5 |
| CITY-ST-ZIP | WILMINGTON DE 19807-0477 | 1.4 CITY-ST-ZIP | Coral Gables, FL 33134 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SENER, AL | 2.2 NAME | |
| STREET ADDRESS | 2 GREENVILLE CROSSING, 4001 KENNETT PK. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILMINGTON DE 19807-0477 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

Jeffrey Senter

DATE

1/18/96

Daytime Phone #

9543891057

CR2E034 (9/96)