

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90073 013 \*\*\*150.00

DOCUMENT # **P96000014963**

1. Corporation Name  
**ABLE DIAGNOSTIC, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2611 N. HIATUS ROAD  
SUITE 116  
COOPER CITY FL 33026**

Mailing Address  
**2611 N. HIATUS ROAD  
SUITE 116  
COOPER CITY FL 33026**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BENJAMIN, HAROLD L CPA  
6208 PEMBROKE RD  
MIRAMAR FL 33023**

3. Date Incorporated or Qualified

**02/16/1996**

4. FEI Number

**65-0643901**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**BONNIE S. MILLER CPA**

82 Street Address (P.O. Box Number is Not Acceptable)

**10021 PINES BLVD SUITE 212**

83

84 City

**PEMBROKE PINES FL**

85 Zip Code

**33024**

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 **Bonnie S. Miller CPA**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
SHAPIRO, ALICE**  
STREET ADDRESS **2611 N. HIATUS ROAD, #151**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ DELETE

NAME **VP  
FEDERICI, SANDRA**  
STREET ADDRESS **2611 N. HIATUS ROAD, #151**  
CITY-ST-ZIP **COOPER CITY FL**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Previously submitted and registered agent signature*

CR2E034 (11/98)