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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90332 021 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000018271

1. Entity Name
JFK DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
10640 NW 26TH PL SUNRISE, FL 33322	10640 NW 26TH PL SUNRISE, FL 33322

5663 NW 29th ST
Margate, FL 33063

517 NE 6th Ave
Deerfield Beach FL 33441

1401465 1

04282004 No Chg P CR2E034 (10/03)

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4. FEI Number
65-0645250
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SASSO, MARCIA C
517 NE 6TH AVE
DEERFIELD BEACH, FL 33441

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing agent.)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SASSO, MARCIA C
STREET ADDRESS	517 NE 6TH AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date