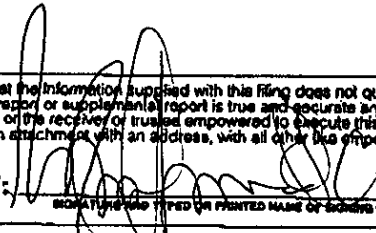


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90332 021 ***150.00

DOCUMENT # P96000018271			
1. Entity Name JFK DIAGNOSTICS, INC.			
Principal Place of Business 10640 NW 26TH PL SUNRISE, FL 33322		Mailing Address 10640 NW 26TH PL SUNRISE, FL 33322	
563 NW 29th St Margate, FL 33063		517 NE 8th Ave Deerfield Beach, FL 33441	
DO NOT WRITE IN THIS SPACE		14014651  04282004 No Chg-P CR2E034 (10/03)	
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 8TH AVE DEERFIELD BEACH, FL 33441		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing office or 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 8TH 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			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(X), 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 changed, or on an attachment with an address, with all other fees empowered.			
SIGNATURE: 		4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		J. Deane Page 8 15	