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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

	MENT # P96000 ALYTIC DIAGNOSTICS, INC.	0227	79 (8)								
Principal Place	e of Business	Mailing A	Address				1				
1070 E. INDIAN SUITE 210 JUPITER FL 33	NTOWN ROAD	1070 E. INDIANTOWN ROAD SUITE 210 JUPITER FL 33477-5144									
								Date Incorporated or Qualified 03/13/1996	3a. Da	ate of Last R	eport
	lace of Business	2a. Mailir	ng Address				1	FEI Number		Ap	plied For
21	H 440	26	<del></del>				ļ	65-0656641			ot Applicable
Sulte, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5,	Certificate of Status Desired		\$8.75 / Fee Re	
City & State	е		City & State				-	Election Campaign Financing		<del></del>	
23	-	28	<del> </del>					Trust Fund Contribution		\$5.00 Added t	,
Zip	Country	Zip		Cour	ntry		<del></del>	This corporation has liability for i	ntangible		
24	25	29					Florida Statutes Yes No				
	9. Name and Address of Curren	Registered	Agent					Name and Address of New Re	gistered	Agent	
	'ACHE, VICKI J			];	81	Name <b>Nic</b>	ky	Coverstone			ļ
	0 E. INDIANTOWN ROAD			ļ.	82	Street Addre	ss (P	O. Box Number is Not Acceptate. Indiantown Road	le)		
SUITE 210						107	O E	. Indiantown Road	<b>,</b> #20	8	
JUP	PITER FL 33477				83						
					84	City <b>Jup</b> :	ite	r,	FL	85 Zip (	Code <b>477</b>
Office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	of Florida, Suc	ch change was	authorized	bv.	the corporation	oration on's b	n submits this statement for the population of directors. I hereby acception	urpose of	changing it ointment as	s registered registered
agent I a SIGNATURE	im familiar with and accept the obliga	itions of, Section	_	lorida Statu	ites.	·			3/10	100	
	Signature, typed or printed wind of registered ager	nt and title if applica	able. (NO		Agen	t signalure required			DATE		
12.	OFFICERS AND	DIRECTORS		13.		<del></del>	Α	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	1)   Herndon, William C Jr.		DELETE	1.1 7(1)						L.   Change	Addition
NAME STREET ADDRESS	3481 PALM CITY SCHOOL RO	n ·		1 2 NAM		ADDRESS					
CITY-ST-ZIP	PALM CITY FL 34990										
TITLE	(7,0,11 011 1 1 0 1000		DELETE	1.4 CIT 2.1 TIT		- ZII'				Change	Addition
NAME	}			2.2 NAM							
STREET ADDRESS				2.3 \$16	REET A	NDDRESS					
CITY-ST-ZIP				2. 4 CII	1Y-S1	r- <b>z</b> iP					
TITLE			DELETE		31 TITLE					☐ Change	Addition
NAME	, , )h.		3.2 NAM		ME						
STREET ADDRESS				3.3 STF	REET A	ADDRESS					
CITY-\$T-ZIP			DESTA	3.4 CIT		- ZIP					T*1 4 4 100
TITLE			LJ DELETE	4.1 1111						☐ Change	☐ Addition
NAME PROFET ADDOCCO				4. 2 NA							
STREET ADDRESS				- 1		ADDRESS					
CITY+ST-ZIP TITLE			DELETE	4.4 CIT		-ZIP				Change	Addition
NAME				5.2 NAM							
STREET ADDRESS	Maria Cara					ADDRESS					
CITY+ST-ZIP	₹3/2			5.4 C(1)		ľ					
TITLE	F VS G		DELETE	6.1 111						Change	Addition
	1 "										
NAME	Ole was			6.2 NA							
NAME STREET ADDRESS	SCIR CONTRACTOR				ME	ADDRESS					

t 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 to supplemental annual report is two 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 empoyabled to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an ittachment with an appears.

3/10/97

561-575-3520

**FILED** 

Apr 24 1997 8:00am

Secretary of State