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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030518 (0)

VILLAGE DIAGNOSTICS, INC.

Principal Place of Business		Mailing Address			8 1141 <b>3</b> 8181 83181 14881 1811 3881	
10640 NW 26 PLACE		10640 NW 26 PLACE			•	
SUNRISE FL 33322		SUNRISE FL 33322		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	THE OF MOLE	
				04/01/1996		
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For	
21		26		65-0652792	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & Stole		Chu 9 Stole			Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23    Zip	Country	<b>28</b>	Country	Trust Fund Contribution   8. This corporation owes or has paid the	Added to Fees	
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Currer			10. Name and Address of New Registe	red Agent	
DE	L GROSSO, ROBERT V		81 Name			
246 NE 105 STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
MIAI SHORES FL 33138				246 N.E. 105 Street		
			83			
]			84 City		85 Zip Code	
				Miamic Shares	FL 33338	
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 affice or registered agent, or both, in the State of Elegida, Such changing was purposed by the expressions beard of directors. I hereby account the appointment as registered						
office or registered agent, or bott, 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	Haine G. 11	wnglan		2-,	12-48	
12.	Signature: typed or printed name of regulated and	ent and tille it applicable (NOT)  ID DIRECTORS	E: Registered Agent signature re	equired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		
TITLE	n Orricens An	DELETE	1.1 TITLE	O	Change Addition	
NAME	DEL GROSSO, ROBERT V	<b>y</b>	1.2 NAME	Elaine A. Mongeau	P	
STREET ADDRESS	246 NE 105 STREET		1.3 STREET ADDRESS	BUG N.€ 105 5treet		
CITY-ST-ZIP	MIAMI SHORES FL 33138		1.4 CITY-ST-ZIP	miami Shores, FL 3	3138	
TITLE		☐ DELE <b>TE</b>	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DFLETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		T I POT LETTE	4.4 CITY-S1-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREFT ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME		[_] OLLLIE	6.2 NAME		C Outside C Montou	
STREET ADDRESS						
9 INSEL ADMINESS			6.3 STREET ADDRESS			

14. Thereby certify that the information supplied with this filling 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.

8-11-98