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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032450 (4)

SOUTH PALM DIAGNOSTICS, INC.

Principal Place of Business Mailing Address 10840 NW 26TH PL 10640 NW 26TH PL BLINRISE FL 33322 SUNRISE FL 33322-1014 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0658362 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Dosired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip Country Zin 8. This corporation has trability for intangible tax under s. 199.032, Yes No Florida Stalutes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BANUCHI, R. J. 9342 KETAY CIR Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Frorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bent, 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 familia with, and accept the obligations of. Section 607.0505, Florida Statutes. Ribrar J. Banum.
(NOTE Registered Agent signature required when resistating)
ADDITION SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change ☐ Addition DELETE 1.1 THLE TITLE BANUCHI, R. J. 1.2 NAME NAME 9342 KETAY CIR 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** 1.4 CHY-S1-ZIP CITY-ST-ZIP Change Addition DELETE. TITLE 2.1 TITLE NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZE CITY-ST-ZIP Addition DELETE Change 3.1 THLE TIT! F 3.2 NAME STREET ADDRESS 3/3 STREET ADDRESS CITY-ST-ZIP 34 CHY-S1-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY+S1-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6 4 CITY - \$1 - ZiP 14. I 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 or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the efficiency or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 01 1997 8:00am

Secretary of State