

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR 29 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000037934 (2)

1. Corporation Name

PALM HARBOR DIAGNOSTICS SERVICES, INC.

Principal Place of Business

32615 U.S. 19 NORTH #4  
PALM HARBOR FL 34684

Mailing Address

32615 U.S. 19 NORTH #4  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

59-3375031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STEVENS, WARREN A  
32615 U.S. 19 NORTH #4  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 office or registered agent, or both, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME STEVENS, WARREN A  
STREET ADDRESS 32615 U.S. 19 NORTH #4  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President

1.3 STREET ADDRESS 984 Riverside Ridge Rd.

1.4 CITY-ST-ZIP Tarpon Springs FL 34689

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Steven Torres

2.3 STREET ADDRESS 7349 Ulmerton Rd

2.4 CITY-ST-ZIP Largo, FL 33771

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Timothy O'Sullivan

3.3 STREET ADDRESS 984 Riverside Ridge

3.4 CITY-ST-ZIP Tarpon Springs, FL 34689

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Warren Stevens Sr.

4.3 STREET ADDRESS 984 Riverside Ridge

4.4 CITY-ST-ZIP Tarpon Springs, FL 34689

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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.

WAS

1.21.00

83.787-6900