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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037934

PALM HARBOR DIAGNOSTICS SERVICES, INC.

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Principal Place of Business Mailing Address					Liffith the chief dails failt from ones and and and and and
32615 U.S. 19 NORTH #4 32615 U.S. 19 NO		32615 U.S. 19 NORTH #4			
PALM HARBOR FL 34684 PALM HARBOR FL 34684					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/26/1996
Principal Place of Business 2a. Mailing Address				•	4. FEI Number Applied For
		26			-59-3375031 Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
27		27			5. Certifcate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 28		28	8		Trust Fund Contribution Added to Fees
Zip Country Zip		Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
0.75	THE WARREN A		81	Name	
	VENS, WARREN A		82	Street A	Address (P.O. Box Number is Not Acceptable)
32615 U.S. 19 NORTH #4				<u> </u>	
PALM HARBOR FL 34684			83	3	
			84	City	85 Zip Code
					corporation submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		tered Age	ent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		1.1 TITLE		Change Addition
NAME .	STEVENS, WARREN A		1.2 NAME		
STREET ADDRESS	*** ***********		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 33771		1.4 CITY- S	ST-ZIP	
TITLE	T	☐ ĐELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORES, STEVEN		2.2 NAME	-	i composito de la marca de
STREET ADDRESS	TO 40 LU MENTONI BOAD		2.3 STREE	TADDRESS	• • • • • • • • • • • • • • • • • • • •
CITY-ST-ZIP	LARGO FL 33771		2. 4 CITY-	ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'SULLIVAN, TIMOTHY		3.2 NAME		
STREET ADDRESS	AAA DE EDOIDE DIDOE		3.3 STREE	ET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4. CITY-	ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, WARREN SR		4, 2 NAME	.	
STREET ADORESS			4.3 STREE	ET ADDRESS	i
CITY-ST-ZIP	1784 611 61111166 1 6 6 16 6		4.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		ļ	5.2 NAME		
STREET ADDRESS		j		ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-5		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90141 044 ***150.00