

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

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97 AUG 18 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000038916 (8)
 1. Corporation Name
 A & D DIAGNOSTIC, INC.

Principal Place of Business: 4601 N ARMENIA AVE SUITE 101 TAMPA FL 33603
 Mailing Address: 4601 N ARMENIA AVE SUITE 101 TAMPA FL 33603



2. Principal Place of Business
 21. *main unit*
 22. Suite, Apt. #, etc.
 23. City & State: *TAMP*
 24. Zip: *33603*
 25. Country: *HILLS*

2a. Mailing Address
 26. *4601 N ARMENIA*
 27. Suite, Apt. #, etc.
 28. City & State: *Tampa Fla -*
 29. Zip: *33603*
 30. Country: *HILLS*

3. Date Incorporated or Qualified: 05/06/1996
 3a. Date of Last Report
 4. FEI Number: *39-340-8037*
 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

9. Name and Address of Current Registered Agent
 DORIO, SAM
 4601 N ARMENIA AVE
 SUITE 101
 TAMPA FL 33803

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code: **FL**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIO, SAM	1.2 NAME	100002272621-9
STREET ADDRESS	4601 N ARMENIA AVE STE 101	1.3 STREET ADDRESS	-08/20/97-01094-024
CITY-ST-ZIP	TAMPA FL 33803	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, ILKA	2.2 NAME	
STREET ADDRESS	4601 N ARMENIA AVE STE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33803	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

8/28/19

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 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.

SIGNATURE: _____ DATE: 7-28-94

CR2E034 (4/97)

Dear; Sandra Mortham.

With all due respect, and will tell you that I never received this original notice, not only that Mrs. Mortham, but this agency is so difficult to reach that it is unbelievable.

I have been trying to call you people about this 5 times a day for 3 weeks. You all should really make it easier for the public to at least talk to you and ask your questions.

Anyway this is the Payment for this year. It is very difficult even pay 165.00 big that the only a couple of hundred I have anyway.

Sandra

This will have to BE paid