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

PROFIT CORPORATION ANNUAL REPORT

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90076 006 ***150.00

DOCUMENT # P96000056471 ✓

555889 - 90076 - 6

1. Corporation Name

Principal Place of Business / Mailing Address

ABEL'S DIAGNOSTIC SERVICE
2707 N. HIMES AVE #104
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6-12-99
4. FEI Number: 59-3384471 ✓ ☐ 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
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

ABEL PLACERES JR.
2707 N. HIMES AVE #104
TAMPA, FL 33607

10. Name and Address of New Registered Agent

81 Name: ABEL PLACERES JR
82 Street Address (P.O. Box Number is Not Acceptable): 2102 N. HIMES AVE
83
84 City: TAMPA FL 85 Zip Code: 33607

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] DATE 4-30-99

12. OFFICERS AND DIRECTORS

	Officers and Directors	Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ABEL PLACERES JR, 2707 N. HIMES AVE#104, TAMPA, FL 33607	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAZARA RIVAS, 2707 N. HIMES AVE#104, TAMPA, FL 33607	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Additions/Changes	Change	Addition
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ABEL PLACERES JR, 2102 N. HIMES AVE, TAMPA, FL 33607	☒ Change	☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAZARA RIVAS, 2102 N. HIMES AVE, TAMPA, FL 33607	☒ Change	☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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.

SIGNATURE: [signature] 4-30-99 813/354-9596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABEL PLACERES JR

CR2E034 (10/97)