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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000057518 (8)

PINNACLE DIAGNOSTICS INC.

Mailing Address Principal Place of Business

FILED May 06 1998 8:00am Secretary of State



10251-A WEST SAMPLE ROAD CORAL SPRINGS FL 33065		10251-A WEST SAMPLE ROAD CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1996			
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For	
21		26				65-0691330	No	ot Applicable	
Sulte, Apl	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required			
City & Sta	ale	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Z(p)	Coun	try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
=-1	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
DIETERLE, GORDON					Name				
	iattlin & McClosky 300 Glades Rd., Suite 400 east	TWR	1	32	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	OCA RATON FL 33431	11111	8	83					
j			[8	34	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 667 0505, Florida Statutes. SIGNATURE									
	Signature, typed of pont of nacional registered ago:			Agen	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND D	VOCATOR	20 11 40	
12.	OFFICERS AND	DELETE	13.	<u> </u>	 		Change	Addition	
TITLE	HALIM, SAM	ictit	1,1 FITLE			<u></u>	_ Change	E Roomon	
NAME	EAGO NUM ACTU ANTONIO		1.2 NAM		IDDOLOG				
STREET ADDRESS	COCONUT CREEK FL 33073		1.3 STR 1.4 CITY		ADDRESS				
CITY-ST-ZIP	VPST DELETE 2.1.1				- ZIF		Change	Addition	
NAME	WAGNER, DAVID	_	2.2 NAME						
STREET ADDRESS	GOOD ALLEY CODD OTDEET				ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33067		2. 4 CIT						
TITLE	DELETE 3.1				1		Change	Addition	
NAME	3.2			ΛE					
STREET ADDRESS	;		3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	3.4.			Y - S1	ST-ZIP				
TITLE	DELETE 4.11			£			Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS	;		4.3 STR	EE 1 /	ADDRESS			į	
CITY-ST-ZIP			4.4 CITY	_	I - ZIP				
TITLE	1	DELETE 5.1				L	Change	☐ Addition	
- NAME			5.2 NAN					į	
STREET ADDRESS			5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY		I - ZIP		100000	4,4490	
TITLE				6.1 T(TLE		L	Change	Addition	
NAME			6.2 NAM						
STREET ADDRESS	6			6.3 STREET ADORESS				ļ	
CITY-ST-ZIP			6.4 City	/ - ST	i - ZIP				

14. Thereby 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 this corporation or the receiver or trusted 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.