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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000075326 (4)

MTM DIAGNOSTIC, INC.

Principal Place of Business Mailing Address 607 WEST MARTIN LUTHER KING JR. BLVD. 607 WEST MARTIN LUTHER KING JR. BLVD. SUITE 103 SUITE 103 DO NOT WRITE IN THIS SPACE TAMPA FL 33603 **TAMPA FL 33603** 3. Date Incorporated or Qualified 09/05/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Numbe Applied For 21 Not Applicable 59-3403439 Suite, Apt. #, etc. Suite. Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUSNAK, DAVID 607 WEST MARTIN LUTHER KING JR. BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 **TAMPA FL 33603** 84 City 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, typod or printed name of registered agent and tille it applicable. (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE President W.M. Jansen NAME **GELEIJN-BENNER, ANNEMIEK** 1.2 NAME Andre 320 W Fletcher Are HIOL 150 SECOND AVENUE NORTH #1100 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

TITLE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

Change

Change

Addition

Addition

FILED

Apr 22 1998 8:00am

Secretary of State