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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075326

MTM DIAGNOSTIC, INC.

Principal Place of Business	Principal	Place	of	Business
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FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90009 023 ***150.00



		Mailing Address				•				
607 WEST MAR SUITE 103 TAMPA FL 3360	rtin Luther King Jr. Blvd. 03	607 WEST MARTIN LUTHER SUITE 103 TAMPA FL 33603	= " = =			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or	Qualifed	,			
					09/05/1996			3		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		· +	plied For	<u></u>	
21 26					59-3403439	<u> </u>		t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status D	esired	.=.\$8:75		<u></u> -	
22		27					Fee Re			
City & State	le .	City & State			6. Election Campaign F	- 1	\$5.00			
23		28	0	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contributi		Added 1	to Fees		
Zip	· Country	Zip	Cour	try	8. This corporation owe		tangible XI Yes	□No		
24	25	11	0		Personal Property Ta 10. Name and Address					
	9. Name and Address of Current I		 -	B1 Name	iv. Halile allu Audress	or new registered	Agent		•	
RUSI	NAK, DAVID	William Digital Landon Control	Ĺ			·				
	WEST MARTIN LUTHER KING JR.	BLVD.	-	Street Add	lress (P.O. Box Number is No	t Acceptable)		.]		
,	E 103		ŀ	33	48.00		74. F 8.28.	112 8 19 73		
TAM	PA FL 33603	•	L				3.84.62 P.			
				Gity	¥risekr is (y. ±	FI	85 Zip (Code" " "		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove-named com	poration submits this stateme	nt for the purpose of	changing its	registered		
office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was aut ens of, Section 607.0505, Florid	horized Ia Statu	by the corporati es.	ion's board of directors. I here	eby accept the appoi	intment as re	gistered		
SIGNATURE	Signature, typed or printed name of registered agent a	MOTE. E			ed when reinstating)	DATE			_	
12.	OFFICERS AND		_	gent signature require	ADDITIONS/CHANGE		UD DIDECTO	DC IN 12	α	
		DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AT	AD DIKECI C	MONINIZ I	g	
TITLE .		DIRECTORS DELETE	13.	E		S TO OFFICERS AF	Change	Addition	4170	
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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.

SIGNATURE:

1/15/99