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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080042 (0)

TECHMED DIAGNOSTICS, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



2630 FOREST HILL BLVD. WEST PALM BEACH FL 33406		2630 FOREST HILL BLVD. WEST PALM BEACH FL 33406			
				DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualified 00/08/1006	PACE
- Binaina (B)		La Malling Address		09/26/1996 4. FEI Number	1 4 0 - 1 5
	ace of Business	2a. Mailing Address	A . I		Applied For
21 2620 Sulte, Apt.	N. Australian Ave	26 2620 N. Au. Suite, Apt. #, etc.	stralian Au	e 00-0703488	Not Applicable
22 100		27 100		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Palus Beach, FL	City & State 28 West Palm Bea		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 331	107 25 USA	29 33 407 3	Country USA	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
BATISTA, EDUARDO 81 Name BATISTA EDUAROO.					
505 N COUNTRY CLUB DR 82 Street Address (P.O. Box Number is Not Acceptable) 45.28 WOKKER DRIVE					
83				/	
			84 City		Tes Zin Code
			Oily (Lake Worth FL	33467
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 Swards Pathle 2/27/98.					
SIGNATURE .	Signature, typed or printed name of registered agent a	and the tappicable (NO1E: F	Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PVST	☐ DELET E	1.1 TITLE	l	Thange
NAME	BATISTA, EDUARDO		1.2 NAME	L H A C St. 11	a a
STREET ADDRESS	2630 FOREST HILL BLVD.		1.3 STREET ADDRESS	2620 Australian Ave. Suite 11	10
CITY-ST-ZIP	WEST PALM BEACH FL 33406		1.4 CITY - ST - ZIP	WMS. FC 33407.	
TITLE	D	☐ DELETE	2.1 TITLE	/1	Change Addition
NAME	BATISTA, EDUARDO		2.2 NAME	2620 Australian Acc. Suite 10	١
STREET ADDRESS	2630 FOREST HILL BLVD.		2.3 STREET ADDRESS		'O •
CATY-ST-ZIP	WEST PALM BEACH FL 33406		2. 4 CITY - S1 - ZIP	W.P.B. FL 33407.	
TITLE		□ DELETE	3.1 TITLE	1	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET E	4.1 TITLE	į	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETĒ	5.1 TITLE	The Court Court Section 1 Court Court of the 1	Z ia¶hange ☐ Addition
NAME			5.2 NAME	-04/24/980102500	.1
STREET ADDRESS			5.3 STREET ADDRESS	***150 .0 0	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	1.	DELETE	6.1 TITLE		Change Addition
NAME	₹°.		6.2 NAME		28
STREET ADDRESS	•		6.3 STREET ADDRESS		111.72
CITY-ST-ZIP	1		6.4 CITY - ST - ZIP		7.67

4. 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.

Muster Batille DENMAN DOVING 2/27/98 561-655-117