

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90120 023 ***150.00

DOCUMENT # P96000080042

1. Corporation Name
TECHMED DIAGNOSTICS, INC.

Principal Place of Business
2620 N. AUSTRALIAN AVE
100
WEST PALM BEACH FL 33407

Mailing Address
2620 N. AUSTRALIAN AVE
100
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

65-0703499

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4475 Medical Center Way

26 P.O. Box 6748

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #2

27

City & State

City & State

23 West Palm Beach, FL

28 Lake worth, FL

Zip Country

Zip Country

24 33407

29 33466

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATISTA, EDUARDO
4528 WOKKER DRIVE
LAKE WORTH FL 33467

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME BATISTA, EDUARDO
STREET ADDRESS 2620 N. AUSTRALIAN AVE., SUITE 100
CITY-ST-ZIP WEST PALM BEACH FL 33407

1.1 TITLE PVST ☒ Change ☐ Addition
1.2 NAME BATISTA, EDUARDO
1.3 STREET ADDRESS 4475 Medical Center Way #2
1.4 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE D ☐ DELETE
NAME BATISTA, EDUARDO
STREET ADDRESS 2620 N. AUSTRALIAN AVE., SUITE 100
CITY-ST-ZIP WEST PALM BEACH FL 33407

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME BATISTA, EDUARDO
2.3 STREET ADDRESS 4475 Medical Center Way #2
2.4 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0367206