

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 28 AM 10:41

DOCUMENT # P96000088814 (4)

1. Corporation Name
K.W. DIAGNOSTICS, INC.

Principal Place of Business

4415 13TH PLACE
VERO BEACH FL 32966

Mailing Address

4415 13TH PLACE
VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1996

3a. Date of Last Report

4. FEI Number

65-0706190

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1007 N. FEDERAL HIGHWAY

22 Suite, Apt. #, etc. SUITE 39

23 City & State FT LANDERDALE, FL

24 Zip 33304

2a. Mailing Address

27 1007 N. FEDERAL HIGHWAY

27 Suite, Apt. #, etc. SUITE 39

28 City & State FT LANDERDALE, FL

29 Zip 33304

9. Name and Address of Current Registered Agent

KALE, THOMAS A
4415 13TH PLACE
VERO BEACH FL 32966

81 Name

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

1007 N. FEDERAL HIGHWAY, SUITE 39

83

84 City FT LANDERDALE

FL

85 Zip Code 33304

10. Name and Address of New Registered Agent

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)

7.21.97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KALE, THOMAS A
STREET ADDRESS 4415 13TH PLACE
CITY-ST-ZIP VERO BEACH FL 32966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE

7.21.97

(305) 410-8400

CR2E034 (4/97)