Mailing Address

3543 SW CORP PKWY

PALM CITY FL 34990

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business

3543 SW CORP PKWY PALM CITY FL 34990

DOCUMENT # P96000091946 1. Corporation Name

FLEXSITE DIAGNOSTICS, INC.

US		US				201101 1111112 111 11			
00		03				3. Date Incorporated or Qualifed			
						11/06/1996			
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	26					65-0756759	<u> </u>	Not Applicable	
21 26							\$8.75	Additional	
¬,						5. Certifcate of Status Desired	T	Required	
22	1-	City & State				C. Flanting Companies Figureins		O_May.Be	
								dded to Fees	
23		Zip Zip		ountry				4 (4) 003	
Zip	Country	<u> </u>		ouritry.		8. This corporation owes the current year	Yes	□No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registers		الت	
Name and Address of Current Registered Agent					N	10. Name and Address of New Register	a Agent	_ 	
				81	Name				
RAY, ROBERT A				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
3543 SW CORP PKWY						·			
PALM CITY FL 34990									
		•		-			05 7:	o Code	
				84	City	F	L 85 Zi	Code	
44 Dumuna	to the provisions of Sections 607	0502 and 607 1508 Florida	Statutes the	ahove	-named cor	poration submits this statement for the purpose	of changing i	its registered	
office or	registered agent or both in the St.	ate of Florida, Such change.	was ลมเกิดเมื	zea ov	the corporat	tion's board of directors. I hereby accept the ap	pointment as	registered	
agent. I a	am familiar with, and accept the ob	ligations of, Section 607.050	i5, Florida S	tatutes	•				
SIGNATURE						red when reinstating) DATE			
	Signature, typed or printed name of registered		1,	<u> </u>	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDEC.	TOPS IN 12	
12.	·	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	P	☐ DELE	: JE 1.	1 TITLE			L. Chang	e □ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
NAME	MARTIN; SAM		1.	2 NAME	İ				
STREET ADDRESS 4945 SW BIMINI CIRCLE SOUTH				3 STREE	T ADDRESS				
CITY-ST-ZIP	PALM CITY FL 34990		1,	4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETE					Change	e 🗌 Additio	
NAME	RAY, ROBERT		2	2 NAME					
STREET ADDRESS			2	3 STREE	TADDRESS				
	• • • • • • • • • • • • • • • • • • • •			4 CITY-S			_		
CITY-ST-ZIP	STUART FL 34997	□ DEL		1 TITLE	01-ZIP		Change	e	
TITLE	D							_	
NAME	FIELDER, RICH		L -	2 NAME					
STREET ADDRESS	12015 BREWSTER DRIVE		3	3 STREE	TADDRESS				

CITY-ST-ZIP PLYMOUTH MEETING PA 19462 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 suppliemental 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.

3.4. CITY-ST-ZIP

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TAMPA FL 33626

FREEMAN, MARY

PALM CITY FL

FREEMAN, GARY

PALM CITY FL

BLACK, LENNOX K.

630 W. GERMANTOWN PIKE, SUITE 461

1495 SW MARTIN HWY

1995 SW MARTIN HWY

OFFICER OR DIRECTOR

ZIP = 34991

1995 S.W MARTIN HUY

PALM CITY, FL 34991

Daytime Phone #

Change

(Y) Change

Change

FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90108 010 ***150.00

DO NOT WRITE IN THIS SPACE :

☐ Addition

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