796000092119 Tohn A. Margolii Esq. Requestor's Name Suite 330, 9990 S. W. 774 Are Address

City/State/Zip Phone #

Office Use Only

Examiner's Initials

| CORPORAT | TION NAM | E(S) & DO | CUMENT NUM | BER(S), (if known): | |
|---|--------------|---------------------------------------|-----------------|--|--|
| | | , , | _ | 400002E | 31,1,1,4 |
| 1 | | | | "Sicelesiania" | 35 <u>.00</u> *****35. |
| | (Corporation | Name) | (Do | cument #) | |
| 2 | (Corporation | Name) | (Do | cument #) | |
| _ | (| , | • | , | |
| 3 | (Corporation | Name) | (Do | cument #) | |
| 4 | | | | | 30 S |
| (Corporation Name) | | | (Document #) | | |
| | | | | - | THE STATE OF |
| ☐ Walk in | Pi | ck up time | | Certified Copy | \$ \Q. \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Mail out | ☐ wi | ll wait | Photocopy | Certificate of St | atus School Scho |
| 46. Survey Little of least to Later the | | i ining ga saladic. | | No description | TO C |
| NEW FILINGS | | AMEND | MENTS | The state of the s | · |
| Profit | | Amendment | | | |
| NonProfit | | Resignation of R.A., Officer/Director | | | |
| Limited Liability | | Change of R | egistered Agent | | |
| Domestication | | Dissolution/ | Withdrawal | | |
| Other | | Merger | | | |
| | The same | -1 | | | |
| OTHERFILE | vGs 🗐 | | TRATION | | |
| Annual Report | | QUAL | IFICATION | | |
| Fictitious Name | | Foreign | | Qn nha | |
| Name Reservation | | Limited Par | tnership | RA Chg | r. |
| <u> </u> | | Reinstateme | ent | | SEP 1 4 1991 |
| | | Trademark | | • | S SEF |
| | | Other | | | |

** STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| • | | 617.0502, 607.1508, or 617.1508, Florida Statutes, the |
|------------------------------------|---|--|
| | poration organized under the law | |
| _ | | e its registered office or registered agent, or both, in the |
| State of Florida. | 7. 12 | DIACNOCHIC MECHING INC |
| 1. The name of t | the corporation is: A • B | . DIAGNOSTIC TESTING, INC. |
| | • | |
| 2. The mailing a | address of the corporation is: | 4100 West Flagler Street, #B 1 |
| | | Miami, FL 33126 |
| 3. Date of incor | poration/qualification: 11/8/ | Document number: P96000092119 |
| 4. The name and | address of the current registered | agent and office: |
| | | THE STATE OF THE S |
| - | Ana Maria Mar | inez |
| | 4100 W. Fla 14472 S.W. 13 | of let 5+ 5 te. B |
| - | Miami, FL | ent and office: (P. O. Box Not Acceptable) |
| 5 001 | | t and affices (P. O. Pary Not Accordable) |
| 5. The name and | | |
| - | John A. Margo | lis, Esq. |
| - | Suite 330, 99 | 90 S.W. 77th Avenue |
| - | Miami, FL 331 | 56-2699 |
| agent as chang | ed will be identical | e street address of the business office of its registered |
| Such change w | as anthorized by resolution duly | adopted by its board of directors or by an officer so |
| authorized by t | ne board | 8/21/98 |
| - COU | of an officer, chairman or vice chairman | of the board) (Date) |
| (Signature | of an officer, chairman of vice chairman | in the board) (Date) |
| Ana Mart | inez Secretary | /Treasurer |
| • | (Printed or typed name and title) | |
| Having been no | amed as registered agent and to | accept service of process for the above stated |
| corporaπon, 1 i I further agree | nereby accept the appointment a to comply with the provisions of | s registered agent and agree to act in this capacity. Fall statutes relative to the proper and complete th and accept the obligation of my position as |
| performance of | my duties, and I am familiar wi | th and accept the obligation of my position as |
| registered agen | Mart- | 0/20/00 |
| | I WIGOLLS | 8/28/10 |
| | Signature of Registered Agent) | (Date) / |
| If signing on beha | of an entity: | |
| | | |
| (| Typed or Printed Name) | (Capacity) |

* * * FILING FEE: \$35.00 * * *