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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000015822 1. Corporation Name

**FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90211 007 \*\*\*150.00

DIAGNO	stics international, inc								
Principal Place	of Business	Mailing Address			I (COLLOGI 150 (CTIS DOIS) OF	HIL <b>30</b> 117 88194 JI	<b>401 B</b> 1161 (\$1)	0 14016 UM 1091	
100 E. LINTON	BLYD.	100 E. LINTON-BLVD.							
SUITE 1098 SUITE 1098					DO NOT WRITE IN THIS SPACE				
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483					3. Date Incorporated or Qualifed	72 114 11110	<u> </u>		
					_02/14/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21 2012	1 Ocean key Dr	26 20124 00	an key	, Dr.	65-0744529		ΠÑ	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>—</u> -	_	5. Certifcate of Status Desired			Additional equired	
City & State	<u> </u>	City & State			6. Election Campaign Financing			May Be	
23 BOCA	<i></i>	28 BOLH RATO	v, FL	<u></u>	Trust Fund Contribution		,	to Fees	
Zip	Country	Zip 33 4 9 9	Country		8. This corporation owes the curr	_	_	□No	
24 3340		120, 0	30		Personal Property Tax.		☐ Yes		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	vaAisteran y	AGEIN		
нов	KINS, JOHN O		<u> </u>						
	NORTH FEDERAL HIGHWAY		82	Street Ac	ddress (P.O. Box Number is Not Accepta	able)			
	E 307-D		83						
	A RATON FL 33431						<del>, , , , , , , , , , , , , , , , , , , </del>		
			84	City		FL	85 Zip	Code	
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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

56-470-1465