

07271999-90031-026-\$150.00-\$150.00

39.

AMOUNT DUE ON OR BEFORE 9/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999



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

99 AUG 23 AM 9:33

DOCUMENT # P97000024829 1. Corporation Name FUNCTIONAL DIAGNOSTICS, INC.

Principal Place of Business 1120 NW 93RD AVE PLANTATION FL 33322 US Mailing Address 1120 NW 93RD AVE PLANTATION FL 33322 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1997 4. FEI Number 65-0726871 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 Fee 8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 21 2a. Mailing Address 26 22. Suite, Apt. #, etc. 27 23. City & State 28 24. Zip 25 Country 29 30

9. Name and Address of Current Registered Agent MEVORAH, BRIAN M 1120 NW 93RD AVE PLANTATION FL 33322

10. Name and Address of New Registered Agent 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

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and DELETE checkbox. Row 1: DPST MEVORAH, BRIAN M, 581 NW 108TH AVE, PLANTATION FL 33324.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Row 1: 1120 NW 93rd Ave, Plantation, FL 33322.

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

SIGNATURE: [Signature] 7-10-99 (954)423-6544

CR2E034 (5/99)



August 20, 1999

Division of Corporations
ATT: Sean Toner
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporate reinstatement of: Functional Diagnostics, Inc. P97000024829

Dear Sean:

I originally did not receive the initial announcement for my corporate renewal. I proceeded to explain this in a former letter. I sent in the letter with \$150.00 for both corporations and my other corp. was received and processed I would appreciate your help in correcting this matter.

Thank you for your cooperation.

Sincerely,

Brian M. Mevorah