

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000048201**

1. Corporation Name

**PRISM DIAGNOSTICS, INC.**

Principal Place of Business

~~7858 E MENTON AVE~~ **5114 O'Idé Kerry Dr**  
~~SUITE 200~~ **Suite 200**  
~~ANAHEIM HILLS CA 92808~~ **Orlando FL**  
**32837**  
US

Mailing Address

~~7858 E MENTON AVE~~ **PO Box 2653**  
~~ANAHEIM HILLS CA 92808~~ **Windermere**  
~~US~~ **FL 34786**

2. Principal Place of Business

**21 5114 O'Idé Kerry Drive**  
Suite, Apt. #, etc.  
**22 Suite 200**

2a. Mailing Address

**26 P.O. Box 2653**  
Suite, Apt. #, etc.

City & State

**23 Orlando FL**

City & State

**28 Windermere FL**

Zip

**24 32837**

Country

**25 USA**

Zip

**29 34786**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L**  
**1000 RIVERSIDE AVENUE**  
**SUITE 200**  
**JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/02/1997**

4. FEI Number

**59-3454791**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

*Stephanie M. Moreland*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-14-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D MORELAND, STEPHANIE**  
STREET ADDRESS **7858 EAST MENTON AVE**  
CITY-ST-ZIP **ANAHEIM HILLS CA 92808**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**0**  
**Stephanie moreland**  
**5114 O'Idé Kerry Drive**  
**Orlando FL 32837**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

*Stephanie Moreland*

**2-14-99**

Date

**407 857 9302**

Daytime Phone #

CR2E034 (11/98)

03/12/99

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90015 019 \*\*\*150.00

03-12-1999 90015 020 \*\*\*\*\*8.75

