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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90006 005 ****150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCHMENT

1, Corporatio	R DIAGNOSTIC, INC.	J65910			į					
Principal Place of Business Mailing Address							1 111 110 211 110 310 1 116 1111			
1814 NORTHEAST MIAMI GARDENS DRIVE 1814 NORTHEAST MIAMI GAI			RDENS DRIVE			•				
SUITE 406 SUITE 406 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 331			179			DO NOT WRITE IN THIS SPACE				
			.,,		}	3. Date Incorporated or Qualifed		-	,]	
						07/30/1997		٠.	<u> </u>	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	olied For	
1	26				65-0779284			Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1		dditional quired	
City & Stat	City & State				• Flestice Occasion Financia					
23		28	, a dute			Election Campaign Financing Trust Fund Contribution			May Be Fees	
Zip				ountry 8. This corporation owes						
24	25 29 30				ļ	Personal Property Tax.	☐ Yes		□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered Agent			
COZ	TA IOCEDU		8	1 Nam	e					
COZZA, JOSEPH 1814 NORTHEAST MIAMI GARDENS DRIVE				2 Stree	et Addres	s (P.O. Box Number is Not Accept	able)	-		
SUITE 406			Ĺ			<u> </u>	<u></u>			
NORTH MIAMI BEACH FL 33179			8	3						
HOTTITI MIRANI DENOTITE 30179			8	4 City		*** *** *** *** ***	85	Zip C	ode	
Agric Committee agric and committee agric and a grant agric and a grant agric and a grant agric and a grant agric							FL_ _			
office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	and 607,1508, Florida Statutes f Florida: Such change was aut ons of, Section 607,0505, Florid	i, the abo horized b la Statute	ve-name by the col es.	ed corpora rporation's	ation submits this statement for the s board of directors. I hereby acce	purpose of changii pt the appointment	ng its i as reg	registered istered	
SIGNATURE							DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe 12. OFFICERS AND DIRECTORS 1.				ent signatui	a tednisea mi	hen reinstating). ADDITIONS/CHANGES TO OF	`	CTO		
TITLE	DPV	DELETE	1.1 TITLE		T	ADDITIONS/CHANGES TO OF	☐ Cha		Addition	
NAME	COZZA, JOSEPH		1.2 NAME		Í	and the state of t	-	•	- 1	
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NAME			5.1 TITLE 5.2 NAME			6. (Sp. 17.)		inge .	□ voomõis	
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CITY-ST-7IP	W. Francisco		5.4 CITY-		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

greater was a second

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CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition

CR2E034 (11/98)