03031999-90079-033-$150.00-$150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 15 AM 9:46

C0084696

DOCUMENT # P97000069291

1. Corporation Name
TYZAC DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
7188 NW 49TH STREET LAUDERHILL FL 33319	7188 NW 49TH STREET LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10097 CLEARY BLVD	2a. Mailing Address 26 10097 CLEARY BLVD
Suite, Apt. #, etc. 22 SUITE 365	Suite, Apt. #, etc. 27 SUITE 365
City & State 23 PLANTATION, FL	City & State 28 PLANTATION, FL
Zip / Country 24 33324 25 USA	Zip / Country 29 33324 30 USA

3. Date Incorporated or Qualified: 08/11/1997

4. FEI Number: 69-0784876 ☐ 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

9. Name and Address of Current Registered Agent

BINSTOCK, ALEX
9100 S DADELAND BLVD SUITE 901
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: ALAN P. FISKE, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 6100 Hollywood Blvd.
83: Suite 209
84 City: Hollywood FL 85 Zip Code: 33024

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: Alan Fiske DATE: 4-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE
NAME	FRITZ, MARK		1.2 NAME
STREET ADDRESS	7188 NW 49TH STREET		1.3 STREET ADDRESS
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	2.1 TITLE
NAME	WEISS, LEONARD A		2.2 NAME
STREET ADDRESS	10019 CLEARY BLVD		2.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

☐ Change ☐ Addition

400003304971--9
-06/26/00--01138--007
****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

5/1/22

☐ Change ☐ Addition

☐ Change ☐ Addition

(11/98)

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] D 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #