

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$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

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90011 046 ***550.00

DOCUMENT # **P97000080636**

1. Corporation Name

GLOBAL DIAGNOSTIC SOLUTIONS, INC.

Principal Place of Business

**824 SW 172ND TERR.
PEMBROKE PINES FL 33029**

Mailing Address

**824 SW 172ND TERR.
PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

65-0789366

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. ☐ Yes ☐ No

2. Principal Place of Business

21 8375 N.W. 143 ST.

Suite, Apt. #, etc.

**22 City & State
MIAMI LAKES, FL**

Zip

24 33016

Country

25 USA.

2a. Mailing Address

26 8375 NW 143 ST

Suite, Apt. #, etc.

**27 City & State
MIAMI LAKES, FL**

Zip

29 33016

Country

30 USA.

9. Name and Address of Current Registered Agent

**BROWN, JAMES D JR.
824 SW 172ND TERR.
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent

81 Name BROWN, JAMES D. JR.

**82 Street Address (P.O. Box Number is Not Acceptable)
8375 NW 143 ST.**

83

84 City MIAMI LAKES

FL

**85 Zip Code
33016**

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

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME EVANS, ANA F
STREET ADDRESS 824 SW 172ND TERR.
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ DELETE

TITLE VD
NAME GRIFFITHS, JOHN
STREET ADDRESS 400 E. 54TH ST., #5E
CITY-ST-ZIP NEW YORK CITY NY 10022

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8375 NW 143 ST.

1.4 CITY-ST-ZIP MIAMI LAKES FL 33016

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/16/99

CR2E034 (5/99)