

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90035 015 \*\*\*150.00

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1. Corporation Name

MEDICAL ONSITE DIAGNOSTIC SOLUTIONS, INC.

Principal Place of Business

7522 NORTH 40TH STREET  
TAMPA FL 33604

Mailing Address

7522 NORTH 40TH STREET  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1997

4. FEI Number

59-3471853

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

SHORT, PAUL R  
7522 NORTH 40TH STREET  
TAMPA FL 33604

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME STANLEY, KENNETH W SR.  
STREET ADDRESS 15502 WESTONE DRIVE  
CITY-ST-ZIP TAMPA FL 33613

☐ DELETE

TITLE VPD  
NAME PANNULLO, THOMAS A  
STREET ADDRESS 1910 WEST SLIGH AVENUE, E-106  
CITY-ST-ZIP TAMPA FL 33604

☐ DELETE

TITLE ST  
NAME STANLEY, SHARON L  
STREET ADDRESS 15502 WESTONE DR  
CITY-ST-ZIP TAMPA FL 33613

☐ 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD STANLEY, KENNETH W, SR  
18817 30TH ST. N.  
LUTZ, FL 33549

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VPD PANNULLO, THOMAS A  
1

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

ST STANLEY, SHARON L  
18817 30TH ST. N.  
LUTZ, FL 33549

☒ 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

K.W. STANLEY SR

Date

Daytime Phone #

2-10-99

813-948-3996

CR2E034 (11/98)