

SECOND NOTICE: CORPORATION WILL BE DISSOLVED  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MIN

BER 30, 1998.  
 TE: \$750).

FILED  
 Sep 10 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



STATE

TER SEPT  
 AMOUNT DUE TO REINS  
 FLORIDA DEPARTMENT OF  
 Sandra B. P  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P970000977  
 1. Corporation Name  
 PRECISION DIAGNOSTIC SUPPORT INC.

Principal Place of Business Mailing Address  
 13231 SW 105 STREET 13231 SW 105 STREET  
 MIAMI FL 33186 MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9240 Sunset Dr		26 9240 Sunset Dr		11/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 2A2		27 Suite 2A2		59-3503519	
City & State		City & State		Applied For	
23 Mia FL		28 Mia FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33173		29 33173		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
KERNER, DAVID J 13231 SW 105 STREET MIAMI FL 33186				<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KERNER, DAVID J 13231 SW 105 STREET MIAMI FL 33186				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNER, DAVID J	1.2 NAME	
STREET ADDRESS	13231 SW 105 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

CR2E034 (5/98)