

SECOND NOTICE: CORPORATION WILL BE DISSOLVED  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM FEE: \$750).

SEPTEMBER 30, 1998.  
FEE: \$750.

FILED  
Sep 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

DOCUMENT # P970000977

1. Corporation Name  
PRECISION DIAGNOSTIC SUPPORT INC.

STATE  
IONS

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

Principal Place of Business  
13231 SW 105 STREET  
MIAMI FL 33186

Mailing Address  
13231 SW 105 STREET  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 9240 Sunset Dr  
Suite, Apt. #, etc.  
22 Suite 242  
City & State  
23 Mia FL -  
Zip  
24 33173

2a. Mailing Address  
26 9240 Sunset Dr  
Suite, Apt. #, etc.  
27 Suite 242  
City & State  
28 Mia FL  
Zip  
29 33173

3. Date Incorporated or Qualified  
11/17/1997

4. FEI Number  
59-3503519

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
KERNER, DAVID J  
13231 SW 105 STREET  
MIAMI FL 33186

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	D KERNER, DAVID J	13231 SW 105 STREET	MIAMI FL 33186

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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]*

CR2E034 (5/98)