## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000005854

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90120 022 \*\*\*158.25

MED-CH	MED-CHOICE DIAGNOSTICS, INC.					4 1881 1881 1881 1881 1881 1881 1881 18	
Principal Place	of Business	Mailing Address				\$ 10011004 114 (015) 18711 40111 E0121 00111 40111 00101 01101 18101 41111 0101 (801	
7350 SW 11TH STREET 7350 SW 11TH STREET MIAMI FL 33144 MIAMI FL 33144							
					L	DO NOT WRITE IN THIS SPACE	_
						3. Date Incorporated or Qualifed 01/20/1998	
2. Principal Pi	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For Not Applied For Not Applied For	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	239k	,		5. Certifcate of Status Desired \$8.75 Additional Fee Required	
City & State	<del></del>	Çity & State				6. Election Campaign Financing \$5.00 May Be	1
23		28 HIAUEAH, t				Trust Fund Contribution Added to Fees	↲
Zip	Country	Zip	Country	٠ ۸		8. This corporation owes the current year Intangible	
24	25		30 V S	<u> 28                                    </u>		Personal Property Tax.	4
	9. Name and Address of Currer	nt Registered Agent	81	Name		10. Name and Address of New Registered Agent	┨
YANI	ES, MIGUEL O		61	0	Sel	AR VANES	╛
7350 SW 11TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
3 MIAMI FL 33144						SW IHM STREET	┨
			83				
,			84			FL 85 Zip Code 33\44	
44 D 44 Mine of Septions 607 0502 and 607 1508 Florida Statutes				e-named	COTTOR	ration submits this statement for the purpose of changing its registered	┪
office or re	entitle provisions of Sections 607.050 entitlered alignt, or both, in the State	of Florida. Such change was au	thorized by	the corpo	oration's	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered	
agent. I a	m Amiliat with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes	<b>i</b> .		112199	
SIGNATURE	Signature, type of printed name of registered age	ATES. VIENDEN	Registered Age	nt signature re	equired wh	when reinstating) DAE	1
12.	1.7/	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	DELETE	1.1 TITLE			ESIDENT Change Iddition	۱,
NAME	YANES, MIGUEL	,	1.2 NAME		OS	SCAR YANES	1
STREET ADDRESS	7350 SW 11TH STREET		1.3 STREE	TADDRESS	73	50 SW 114 STREET	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-S	T-ZIP	N	1 Ami ,FL 33144	4
TITLE		☐ DELETE	2.1 TITLE		アラ	E PRESIDENT Change Addition	۱'
NAME			2.2 NAME	ĺ	124	FAEL DIAZ-GUZMAN	
STREET ADDRESS			2.3 STREE	TADORESS	73	50 SW 11th STREET	_
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	MI	Ami, FL 33144	4
TITLE		☐ DELETE	3.1 TITLE			Change Addition	'
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change ☐ Addition	-
TITLE		☐ DELETE	4.1 TITLE		-	☐ Change ☐ Addition	1
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Change ☐ Addition	$\exists$
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S			ı	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	, , , <u>, , , , , , , , , , , , , , , , </u>		☐ Change ☐ Addition	1
TITLE			6.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			6.4 CITY- S				
CITY-ST-ZIP			V OII 15 C		l		

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 arrival 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 control of the co

SIGNATURE: