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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000055420

1. Corporation Name

DEPENDABLE HEALTH DIAGNOSTICS, INC.

Principal Place of Business

Mailing Address

**1471 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

**1471 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**MARTINEZ, MARIA
7701 TIMBERLIN PARK BLVD.
#215
JACKSONVILLE FL 32256**

81 Name **Maydelis Hernandez**

82 Street Address (P.O. Box Number is Not Acceptable)
4295 Sunbeam RD # 1604

83

84 City **Jacksonville**

FL 85 Zip Code **32257**

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 of the registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME **ANGULO, JAIME**
STREET ADDRESS **1515 VERACRUZ LANE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE S [X] DELETE

NAME **MARTINEZ, MARIA**
STREET ADDRESS **7701 TIMBERLIN PARK BLVD. #215**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

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CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

**Secretary
Maydelis Hernandez
4295 Sunbeam RD # 1604
Jacksonville FL 32257**

[X] Change [] Addition

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******158.75 ****158.75**

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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

4-29-99

(904) 710-5065