

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

DOCUMENT # P98 0000 74446 ✓  
1. Corporation Name

Danmark Diagnostics, Inc.

Principal Place of Business

Mailing Address

8468 S. W. 8th St.  
Miami, FL 33174

8468 S. W. 8th St.  
Miami, FL 33174

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

Elisa Valdez  
4023 N. Armenia Ave.  
Tampa, FL 33607

81 Name

Robert Distefano

82 Street Address (P.O. Box Number is Not Acceptable)

8468 S. W. 8th St.

83

84 City

Miami

FL 85 Zip Code 33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation has been authorized for the purpose of this report to designate an office or registered agent, born in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby you certify the agent designated is 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 (11/1/99) (11/1/99)

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE  
NAME D P S T Robert Distefano  
STREET ADDRESS 8468 S. W. 8th St.  
CITY-ST-ZIP Miami, FL 33174

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
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TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] Change [ ] Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] Change [ ] Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] Change [ ] Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] Change [ ] Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] Change [ ] Add  
NAME  
STREET ADDRESS  
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)(b), Florida Statutes. Further, I 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

SEARCHED  
SERIALIZED  
INDEXED  
MAY 19 1999 12:01

DO NOT WRITE IN THIS SPACE

3. Date of Report (to 01/01/99)

8-26-98

4. FEI Number

59-3531182

Apply For Not Applicable

5. Certificate of Sales Tax

X

\$8.75 Annual Fee Required

6. Has the Corporation Made any Trust Fund Contributions

\$5.00 May Be Added to Fees

8. Has corporation owned the current year delinquent Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

300002880408--4  
-05/19/98--01073--004  
\*\*\*\*158.75 \*\*\*\*158.75

Handwritten signature and date: 5-14-99

4.26.99 305.261.2411

CR2E034 (1/98)