

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000105186**

1. Corporation Name

**QUANTUM DIAGNOSTICS, INC.**

Principal Place of Business

**1220 E. PROSPECT AVE., S TE. 202  
MELBOURNE FL 32901**

Mailing Address

**1220 E. PROSPECT AVE., S TE. 202  
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/18/1998**

4. FEI Number

**57-3547448**

Applied For

☐ Not Applicable

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 the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**BRAUN, FRITZ JR.  
1220 E. PROSPECT AVE., STE. 202  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, FRITZ JR.</b>	
STREET ADDRESS	<b>302 PINE TREE DRIVE</b>	
CITY-STATE-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, PATRICIA M</b>	
STREET ADDRESS	<b>302 PINE TREE DRIVE</b>	
CITY-STATE-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SARMET, LINAMAR E</b>	
STREET ADDRESS	<b>RUA CRISTIANO OTONI, 445</b>	
CITY-STATE-ZIP	<b>ALMERINDA, SAO GONCALO, CEP 24 74000-0RJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>100002959631--8</b>
14 CITY-STATE-ZIP	<b>-08/13/99--01091--021</b>
21 TITLE	<b>****150.00</b> <input type="checkbox"/> <b>****150.00</b> <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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:

**FRITZ BRAUN JR.**

**6/30/99**

**407-733-7844**

CR2E034 (5/99)

# Quantum

June 30, 1999

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Profit Corporation Annual Report- Doc# P98000105186

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Dear Sirs:

As advised in our telephone conversation of 6/30/99 with your department, we are enclosing a check for the amount of \$150.00 in payment of this filing.

As we explained, the original document was mailed from Rio de Janeiro, Brazil on April 23<sup>rd</sup>. The check enclosed in the envelope was my personal check (#326) which has not been cashed as of this date. A personal check was utilized as I do not carry corporate checks on business trips. During this time, we were attending our mid-year corporate meeting with our third partner resident of Brazil. ( Linamar E Sarmet of Rua Cristiano Ottoni 445, Sao Goncalo, Rio de Janeiro, Brazil).

I have attached a copy of my travel itinerary for the period in question.

Although normal airmail from Brazil takes approximately 8 days to reach the US, I am assuming that the filing and check were either lost or misplaced. Should this first filing reach your office please notify me at 407-733-7844.

Should there be any additional questions, please do not hesitate to contact me.

Sincerely,

  
Fritz Braun Jr.

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Quantum Diagnostics, Inc.  
1220 E. Prospect Ave.  
Suite 202  
Melbourne, FL 32901  
USA