## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2005 8:00 am Secretary of State

					JUUIU	iary o	$\mathbf{I}$	au	
1. Entity Nam	MENT # P99000042 DIAGNOSTICS CORPORA				005 90048 03				
Principal Place of Business Mailing Address					•		9		
POST OFFICE BOX 14636 CLEARWATER, FL 33766		POST OFFICE BOX 14636 CLEARWATER, FL 33766			20001116				
						INI ATIN HAIN AIDIA BAA		ITEL IF İTEL	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Numbe 59-358			_ <del></del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desi		8.75 Add ee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DITOLIED	221122		Name "B	Name BRUCE PITCHER					
PITCHER, BRUCE  4734 LAKE CYRESS DRIVE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
SAFETY HARBOR, PL 32695			611	611 Devid POAD, 57E. 105					
	/ (/		City CL	FARWAT	n '	FL	Zip Cod	756	
8. The above	named entity dutynits this statement for	r the nuroose of chancing its re	nistered office or rec	nistered anent, or ho	th, in the State	of Florida Lam (a	miliar with		
the obligat	tions of register pragent.	a the parpoon of offeriging to to	giotoroa amaa ar rag	gistorou agorit, or bo		or riorida. Tanha		and accept	
.:	194					1/6	105		
SIGNATURE_	Signature, typed or pinter name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature re	quired when reinstating)	-	DATE	<del>                                     </del>		
	<del></del>	<u> </u>					4		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaign Trust Fund Contrib	· -	\$5.00 May Be Added to Fees		•	•		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO	OFFICERS AND I	DIRECTORS	S IN 11	
TITLE.	PSTD	☐ Delete	TITLE				☐ Change	Addition	
NAME	PITCHER, BRUCE L.	111 Maria 80 #100	NAME						
STREET ADDRESS	1734 LAKE OYPRESS DRIVE 6/1 DRUID RD. #105 STREE SAEETY HARBOR, FL 34895 CLEARUM TER FL 5375 CITY.				,				
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CENEWATER, 12 5375	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS .					•	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	. <u>-</u> .		-			
CITY+ST-ZIP			CITY-ST-ZIP						
		D Delete					Channa	☐ Addition	
TITLE . NAME		☐ Delete	TITLE NAME				Change	ר"ו אממוממוג	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		,	CITY-ST-ZIP						
TITLE	•	☐ Detete	TITLE				☐ Change	Addition	
NAME			NAME					•	
STREET ADDRESS	1		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		-		Change	Addition	
NAME		Δ	NAME						
STREET ADDRESS		[]	STREET ADDRESS				•		
CITY-ST-ZIP		·	CITY-SI-ZIP						
<del> </del>	certify that the information supplied with								

2. Thereby certain that the information supplies with this time does not exempted it section 119.07(a)th, Profit a statutes, indicated on this report or supplemental report is true and accurate and tital 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRUK PITCITED OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE

FICER OR DIRECTOR

16/05 727 4670300

Daytime Phone #