

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101829

Entity Name: FLORIDA DIAGNOSTICS, INC.

FILED  
Mar 17, 2008  
Secretary of State

## Current Principal Place of Business:

625 E MAIN ST  
LAKE BUTLER, FL 32054

## New Principal Place of Business:

770 NORTH EAST 2ND STEET  
LAKE BUTLER, FL 32054

## Current Mailing Address:

P O BOX 188  
LAKE BUTLER, FL 32054

## New Mailing Address:

FEI Number: 59-3615640      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLOYD, MARK S  
625 E MAIN ST  
LAKE BUTLER, FL 32054      US

## Name and Address of New Registered Agent:

LLOYD, MARK S  
770 NORTH EAST 2ND STREET  
LAKE BUTLER, FL 32054      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/17/2008

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LLOYD, MARK S  
Address: 625 E MAIN ST  
City-St-Zip: LAKE BUTLER, FL 32054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LLOYD, MARK S  
Address: 770 NORTH EAST 2ND STREET  
City-St-Zip: LAKE BUTLER, FL 32054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. LLOYD

D

03/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date