FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:09

TALLAHASSEE, FLORIDA

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-05/17/95--01020--003
****225.00 ****225.00

DOCUMENT # **S24230** **(2)**

1. Corporation Name

GAMMA DIAGNOSTICS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6815 14TH STREET W. #102 BRADENTON FL 34207	6815 14TH STREET W. #102 BRADENTON FL 34207

3. Date Incorporated or Qualified: 01/10/1991
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business	2a. Mailing Address
21 600 So. NOKOMIS AVE	26 600 So. NOKOMIS AVE
Suite, Apt. #, etc. 22 203	Suite, Apt. #, etc. 27 203
City & State 23 Venice, FL	City & State 28 Venice FL
Zip / Country 24 34241 / 25 Sarasota	Zip / Country 29 34241 / 30 Sarasota

4. FEI Number: 65-0235312 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DART, FORD, STRELEC & SPIVEY, P.A. 1549 RINGLING BLVD. SUITE 600 SARASOTA FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MYERS, GENE E.	12 NAME		
STREET ADDRESS	6815 14TH ST W, #102	13 STREET ADDRESS	600 So. NOKOMIS AVE, #203	
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	CRICK, WILLIAM F.	22 NAME		
STREET ADDRESS	6815 14TH ST W, #102	23 STREET ADDRESS	600 SO. NOKOMIS AVE, #203	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	GRIECO, CARL E	32 NAME		
STREET ADDRESS	6815 14TH ST W, #102	33 STREET ADDRESS	DELETE	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: X _____ 5/9/95 (813)485-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0337699 CP