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PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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L Corporation Name

CENTURY DIAGNOSTICS, INC.

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Principal Plac	ce of Business :	· M	ailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1814 NE MIAM	II GARDEN DRIVE	181	14 NE MIAMI GARDEN	DRIVE					
SUITE 406			SUITE 406						
N. MIAMI BEAC	CH FL 33179		N. MIAMI BEACH FL 33179		DO NOT WRITE IN THIS SPACE				
US		US	i			3. Date Incorporated or Qualifed			
						05/06/1991			
2. Principal F	Place of Business	2a.	. Mailing Address			4. FEI Number	Ar	plied For	
21		26				65-0257017	No	t Applicable	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional.	
22		27	,			5. Certificate of Status Desired	Fee Re	equired	
City & Stat	te S		City & State	•		6. Election Campaign Financing	\$5.00	May Be	
23	•	28				Trust Fund Contribution	Added		
Zip	Country	120;	Zip	Coun	trv				
 7	25			30	,	This corporation owes the current year Personal Property Tax.	Yes	□No	
24		f Current Basis	stored Ament	1301		10. Name and Address of New Register			
	9. Name and Address o	o Current Regis	stered Agent		B1 Name	10. Name and Address of New Register	eu Agent		
COZ	ZZA JOSEPH	Same of the second		· '	Name				
	4 NE MIAMI GARDENS DE)IL/E		ļī.	B2 Street Ac	Idress (P.O. Box Number is Not Acceptable)			
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	TE 406			. [B3 ·		[145] 超過網差	陆湖湖 1	
N. M	MAMI BEACH FL 33179			L.	24 00		1, 2, 5 + \$19 . 5 \$ 1 °	17(14,311)[8]	
				['	B4 City	F	85 Zip	Code 1	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGUATURE REQUIRED

THE AND TYPED OR PHATE DIAME OF SIGNING OFFICER OR DIRECTOR

<u>1-8-99</u>

945-Oto DLp

Daytime Phone #

2E034 (11/98)