FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # **S95525** **(9)**

1. Corporation Name

SOUTHEAST DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
7027 W BROWARD BLVD SUITE 275 PLANTATION FL 33317	7027 W BROWARD BLVD SUITE 275 PLANTATION FL 33317

3. Date Incorporated or Qualified: **11/20/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **65-0295078** ☐ 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

HEINZMAN, ROSS P.
7027 W BROWARD BLVD
SUITE 275
PLANTATION FL 33317

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 607.1505, 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEINZMAN, ROSS P.		1.2 NAME		
STREET ADDRESS	7027 W BROWARD BLVD #275		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BAUER, DOUGLAS W.		2.2 NAME	HEINZMAN, MARY E	
STREET ADDRESS	326 E. PALMETTO PARK RD.		2.3 STREET ADDRESS	7027 W. BROWARD BLVD #275	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HEINZMAN, MARY E		3.2 NAME		
STREET ADDRESS	7027 W BROWARD BLVD #275		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HEINZMAN, MARY E.		4.2 NAME		
STREET ADDRESS	7027 W. BROWARD BLVD., #275		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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, added or on an attachment with an address.

SIGNATURE: _____ Ross P. HEINZMAN 3-23-96 954 742-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #