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PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



S95525

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Apr 23 1998 8:00am Secretary of State

SOUTHEAST DIAGNOSTICS, INC. Principal Place of Business Mailing Address 7027 W BROWARD BLVD 7027 W BROWARD BLVD SUITE 275 SHITE 275 DO NOT WRITE IN THIS SPACE **PLANTATION FL 33317 PLANTATION FL 33317** 3. Date Incorporated or Qualified 11/20/1991 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0295078 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zipi Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HEINZMAN, ROSS P. 7027 W BROWARD BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 275** PLANTATION FL 33317 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DILLETE TITLE 1.1 TIME HEINZMAN, ROSS P. 1.2 NAME 7027 W BROWARD BLVD #275 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HEINZMAN, MARY E NAME 2.2 NAME 7027 W BROWARD BLVD STE 275 23 STREET ADDRESS STREET ADORESS PLANTATION FL CITY - ST - ZIP 2. 4 City-St-ZIP DÉLETE. Change Add-tion 3.1 TITLE TITLE HEINZMAN, MARY E NAME 3.2 NAME 7027 W BROWARD BLVD #275 STREET ADDRESS 3.3 STHEET ADDRESS PLANTATION FL 3.4 CITY-ST-ZIP CITY-ST-ZIP **X** DELETE Change Addition 4.1 10TLE TITLE HEINZMAN, MARY E. 4.2 NAME NAME 7027 W. BROWARD BLVD., #275 4.3 STREET ADDRESS STREET ADDRESS PLANTATION FL CITY - S1 - ZIP 4.4 CHY-ST-ZIP DLLFTE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP olleje TITLE 6111116 Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP 6 4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report is structure 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

SIGNATURE:

4-17-98 (254) 742-7247