appears in Block 12 or Block 13 if change

SIGNATURE:

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (4)**DOCUMENT #** 1. Corporation Name PEAK DIAGNOSTICS, INC. Mailing Address Principal Place of Business C/O GRUBER AND ASSOCIATES P.A.
1639, SOUTHEAST (7 ST., 301) 4477 NORTH STATE BOAD 7 LAUDERDALE LAKES FL 33319 FT. LAUDERDALE FL 33316-1735 3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1991 04/19/1995 4. FÉT Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0309923 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 27 1650 SouthEAST 17th Street, 391 Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State 28 FORT LAUDEWALE Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Country Country  $Z_{(i)}$ Zip Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MANUSER, RICHARD C.
Street Address (P.O. Box Number is Not Acceptable) GRUBER, RICHARD(C. GRUBER AND ASSOCIATES, P.A. 301 1650\SOUTHEAST ((7TH ST., #30)) 1650 Southwast 17th Street, FT. LAUDERDALE FL 33316-1735 Zip Code FORT LAUDERDALE 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, types or printed habit, of registers tagged according tapps, with-(NOTE: Registered Agent signalism required when renistating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE 1.13008 THEF KAPLAN, MICHAEL F 1.2 NAME NAME 401 NORTHEAST MIZNER BLVD., APT. 603 13 STREET ADDRESS STREET ADDRESS 35432-4024 BOCA RATON FL 33432 4024 14 CITY - \$T - ZiP CIY-ST-ZIP Change Addition DELE FE 2 1 Title THE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY-SF-ZIF CITY-ST-ZIP Change Addition [ ] DELETE 3 1 T TLE DILE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELFIE 4. 1 THUE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C.TY - \$1 - ZIP COTY - ST - ZIP Change Add tion DELETE. 5 11111 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - ST - ZIF CITY - S1 - ZIP Change Addition DELETE 6 1 THE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP C-TY-ST-7/P 14. To 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)(k). Fiorida Statutes. I further certify that the information indicated on this annual report or sure its report is true and accurate and that my signature shall have the same legal effect as if made under earth, that I am an officer or director of the correction or the environment or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

it with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

02/19/96 954-522-2222