

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
CORPORATION DIVISION

APPROVED  
AND  
FILED

95 MAY -1 AM 10:04

DOCUMENT # V05157

(5)

BOCA RATON DIAGNOSTICS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                                                 |                           |                                                                                                                                                    |                                       |
|---------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. Principal Place of Business<br>326 E PALMETTO PARK RD<br>BOCA RATON FL 33432 |                           | 2a. Mailing Address<br>326 E PALMETTO PARK RD<br>BOCA RATON FL 33432                                                                               |                                       |
| 2. Principal Place of Business<br>21                                            | 2a. Mailing Address<br>26 | 3. Date incorporated or qualified<br>01/08/1992                                                                                                    | 3a. Date of Last Report<br>05/01/1994 |
| 22                                                                              | 27                        | 4. FEI Number<br>65-0306125                                                                                                                        | Applied For<br>Not Applicable         |
| 23                                                                              | 28                        | 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                       | \$8.75 Additional<br>Fee Required     |
| 24                                                                              | 29                        | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                              | \$5.00 May Be<br>Added to Fees        |
| 25                                                                              | 30                        | 7. This corporation has liability for intangible tax under S. 199.032.<br>Elects Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

BAUER, DOUGLAS W.  
326 E PALMETTO PARK RD  
BOCA RATON FL 33432

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 199.031 and 199.032, 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 responsibility of law as set forth in the Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS |                                                                    | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | PS<br>BAUER, DOUGLAS W.<br>326 E PALMETTO PARK RD<br>BOCA RATON FL | 1. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | V<br>BAUER, BEVERLY A<br>326 E PALMETTO PARK RD<br>BOCA RATON FL   | 2. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | T<br>BAUER, AMELIA K<br>326 PALMETTO PARK RD<br>BOCA RATON FL      | 3. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 4. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 5. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 6. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 7. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 8. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 9. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 10. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(b), Florida Statutes. I further certify that the information included on this annual report or registration statement report is true and accurate and that my signature shall have the same legal effect as if made personally. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

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