

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **V11618** (8)

95 MAY 10 AM 10:35

ANALYTICAL MEDICAL TECHNOLOGIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 4430 SW 74 AVENUE MIAMI FL 33155		2. Mailing Address 4430 SW 74 AVENUE MIAMI FL 33155	
3. Date of Incorporation 02/03/1992		3a. Date of Last Report 03/29/1994	
4. FIC Number 65-0325889		Appoint Fee 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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent BERNAL, MARIA E. 4430 SW 74 AVENUE MIAMI FL 33155		10. Name and Address of New Registered Agent	
		B1 Name	
		B2 Street Address, P.O. Box Number, or Not Applicable	
		B3	
		B4 City	
		FL B5 Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address stated herein, and that the same 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 607.03, Florida Statutes.

Signature of Agent: **Maria E. Bernal** Date: **5/5/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PD BERNAL, MARIA 2927 CENTER STREET COCONUT GROVE FL 33133		☐ Change ☐ Addition	
2. NAME		☐ Change ☐ Addition	
3. NAME		☐ Change ☐ Addition	
4. NAME		☐ Change ☐ Addition	
5. NAME		☐ Change ☐ Addition	
6. NAME		☐ Change ☐ Addition	
7. NAME		☐ Change ☐ Addition	
8. NAME		☐ Change ☐ Addition	
9. NAME		☐ Change ☐ Addition	
10. NAME		☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.03(2)(b), Florida Statutes. I further certify that the information included 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. I understand the consequences of the corporation or the registered agent's failure to comply with the requirements of Chapter 607, Florida Statutes, and that my name appears on this filing as a person who is in agreement with an address.

SIGNATURE: X **Maria E. Bernal**

X 5/5/95

