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
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # **V11618** **(8)**

1. Corporation Name

ANALYTICAL MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

4430 SW 74 AVENUE
MIAMI FL 33155

Mailing Address

4430 SW 74 AVENUE
MIAMI FL 33155

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **02/03/1992**

3a. Date of Last Report: **05/10/1995**

4. FEI Number: **65-0325889** ☐ 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

BERNAL, MARIA E.
4430 SW 74 AVENUE
MIAMI FL 33155

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 Section 607.0502 and 607.1908, 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. I hereby certify that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S) Date

12. OFFICERS AND DIRECTORS

PD
BERNAL, MARIA
2927 CENTER STREET
COCONUT GROVE FL 33133
☐ DELETE

VD
ELSA JANULIONIS
☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☒ Change ☐ Addition
2 NAME
3 STREET ADDRESS: 4430 SW 74 AVE
4 CITY ST ZIP: MIAMI FL 33155

2 TITLE: VD ☐ Change ☒ Addition
2 NAME: ELSA JANULIONIS
3 STREET ADDRESS: 4430 SW 74 AVE
4 CITY ST ZIP: MIAMI FL 33155

5 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY ST ZIP

9 TITLE ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY ST ZIP

13 TITLE ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY ST ZIP

17 TITLE ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, or on an attachment with an address.

SIGNATURE: Elsa Janulionis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 Date

(305) 216 1421 Daytime Phone Number