

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33155-44083. Date Incorporated or Qualified
02/03/19923a. Date of Last Report
02/15/1996

2. Principal Place of Business

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Suite, Apt #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt #, etc.

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City & State

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Zip

Country

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4. FEI Number

65-0325889

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed below of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETEPD
BERNAL, MARIA
4430 S.W. 74TH AVE.
MIAMI FL

NAME

STREET ADDRESS

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1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Date

Daytime Phone #

0210595

CR2E034 (9/96)