FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 23 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25275 (1)

1. Corporation Name
DATA ACQUISITION & TESTING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% CYBER MEDICAL SUPPLIES, INC. 150 HERRICKS ROAD MINEOLA NY 11501	% CYBER MEDICAL SUPPLIES, INC. 150 HERRICKS ROAD MINEOLA NY 11501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1992
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 CYBER MEDICAL SUPPLIES, INC.
Suite, Apt. #, etc.
22 112 DENTON AVE.
City & State
23 NEW HYDE PARK, NY
Zip 24: 11040 Country 25: USA

2a. Mailing Address
26 CYBER MEDICAL SUPPLIES, INC.
Suite, Apt. #, etc.
27 112 DENTON AVE.
City & State
28 NEW HYDE PARK, NY
Zip 29: 11040 Country 30: USA

4. FEI Number: 11-3111509 ☐ 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

SACKS, STANLEY M.
TRIAL LAWYERS BUILDING
633 S.E. 3RD AVENUE, #302
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: NA
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DOLAN, STEVE	1.2 NAME	
STREET ADDRESS	111 LANDAU AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL PARK NY 11001	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLOCCA, JOHN	2.2 NAME	
STREET ADDRESS	465 ROUTE 28A	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. HURLEY, NY 12491	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

$87 1/25

14. I do 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)(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: STEPHEN V. DOLAN 1/16/95 516-742-1277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 FP