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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V26222

(2)

MERCURY DIAGNOSTIC, INC.

FILED Feb 12 1997 8:00am⁴ Secretary of State



| Principal Place of Business Mailing Address 7815 SW 24 ST PO BOX 441416 SUITE 105 MIAMI FL 33144-1416 MIAMI FL 33144 | | | | | | | | | |
|---|--|------------------------------------|------------|---------------|-------------------|--|------------------------------------|-------------------|---------------------------------------|
| | | | | | | Date Incorporated or Qualified 04/03/1992 | 3a. Date of Last Report 08/20/1996 | | |
| 2. Principal P | aced Busyloss 24ST | 2a. Mailing Address 26 F. O SOF | 44 | ((| 16 | 4. FEI Number 65-0323545 | | No | oplied For ot Applicable |
| | #, etc | Suite Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & State | ami, [. 3314 | City & State | 33 | lu | 14-141 | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | May Be to Fees |
| Zip 24 | Country 25 | | 30 | ntry | | | Yes 🗌 | No | . 199.032, |
| | 9. Name and Address of Current | Registered Agent | | 441 | | 10, Name and Address of New Re | gistered A | <u>jent</u> | |
| | IDO, PELAYO OSCAR | | | 81 | Name | | | | : |
| 7815 SW 24 ST SUITE 105 | | | | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | VII FL 33144 | | | 83 | | , | | | |
| | | | | 84 | City | | FL. | | Code |
| office or in agent. I a | 11X1 / Much | if and title Dipplicable. (NOTI | | r _r | $1/0$ U Λ | oration submits this statement for the on's board of directors. I hereby acceding the property of the property | DATE | र्प | (|
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| NAME | RUBIDO, PELAYO OSCAR | | 1.2 N/ | AME | | | | | |
| STREET ADDRESS | 7815 SW 24 ST | | 1.3 S1 | REET A | ADDRESS | | | | |
| CHY-ST-ZIP | MIAMI FL 33144 | | | 1Y-\$1 | r- Z IP | | | | |
| TITLE | | [] DELETE | 2.1 T | | | | l | Change | Addition |
| NAME. | | | 2.2 N/ | | | | | | |
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| CITY - ST - ZIP | | DELETE | 2, 4 C | | it-Elf | | | Change | Addition |
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| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-S1-Z-P | | | 3.4. C | ity-s | T-ZIP | | | | · · · · · · · · · · · · · · · · · · · |
| TITLE | | DELETE | 41 TI | TLE | | | | Change | Addition |
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| STREET ADDRESS | | | ı | | ADDRESS | | | | |
| CITY-ST-ZIP | | ☐ DELETE | | ITY-S | T- Z(P | | | Change | Addition |
| TITLE | | ☐ VELETE | 5.1 TI | | | | | v.iangs | Last Addition |
| NAME PAREL ADDRESS | | | 5.2 N | | ADDRECC | | | | |
| STREET ADDRESS | | | | | ADDRESS | • | | | |
| CITY+ST-ZIP TITLE | | ☐ DELETE | 5.4 U | ITY-S ITLE | 1-2IF | | | Change | Addition |
| NAME | | | 6.2 N | | | • | | · - | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| City, ST-7i9 | | | 6.4 C | ITY-S | T-ZIP | | | | |
| 14. I do here | by certify that the information supplied | d with this filing does not quali | fy for the | ехе | mption stated | in Section 119.07(3)(i), Florida Statut | es. I further | certify that | t the |

I not necessity certify that the information purpose with this 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 changes or on an anatomynt with an address.