

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V46676** (5)
1. Corporation Name

PHYSICIANS CHOICE DIAGNOSTIC, INC.

Mailing Address

3808 GUNN HIGHWAY
TAMPA FL 33624-4720

2a. Mailing Address

26	Suite, Apt. #, etc
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27 _____
City & State

28 _____ Zip _____ Country _____

08/04/1995

Applied For

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

85	Zip Code:
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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 of agent for the firm and the bonded agent and their approval

CEH: High level Agent Squares to be used when not training

1516

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SALOMONE, ANTHONY J	
STREET ADDRESS	16515 LAKE CHURCH RD	
CITY - ST - ZIP	ODESSA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

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21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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2 2 NAME
2 3 STREET ADDRESS
2 4 CITY ST ZIP

31 TITLE	Change	Addition
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3 2 NAME
3 3 STREET ADDRESS
3 4 CITY ST-ZIP

41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

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)(k), Florida Statutes. I further certify that the information contained 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, the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-920-8118
941-533-7484

941-533-7484

میں نے اپنے دل سے کہا کہ میں نے تم کو
پسند کیا ہے

CR2E034 (3/96)