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 MAY -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56079** (9)

1. Corporate Name

EMPIRE DIAGNOSTICS, INC.

Principal Place of Business
10640 N.W. 26TH PLACE
SUNRISE FL 33322

Mailing Address
10640 N.W. 26TH PLACE
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0349803 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

SAND, NEIL R
11531 N.W. 29TH MANOR
SUNRISE FL 33322

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 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAND, NEIL R.
STREET ADDRESS	11531 N.W. 29TH MANOR
CITY-ST-ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, 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: Neil R. Sand NEIL R. SAND 4-28-95 305-748-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0230747 CP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible
2. Include information in Blocks 3 and 4 if not preprinted by the computer
3. Signature of the proper officer or director as noted in instructions for Block 14
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $200.00

Block 1 — Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2 — Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a — If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3 — Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a — Enter the file date of the last filed annual report, if applicable.

Block 4 — Complete Block 4 by entering your Feder... s preprinted in Block 4, you must now provide the FEI number. For assista...

Block 5 — Should you desire a certificate reflecting ... an additional $8.75 with your filing fee.

Block 6 — Florida law allows for a voluntary contrib... paigns for the offices of the Governor and members of the Cabinet. If you woul...

Block 8 — Check the appropriate box. Please direct...

Block 9 — The law requires that each corporation h... rrect, enter the correct information in Block 10. There is no additional fee to...

Block 10 — Enter name of new Registered Agent and ... cceptable for service of process. THE CORPORATION CANNOT BE ITS OW...

Block 11 — The new registered agent must indicate f... his appointment by completing and signing in Block 11. No signature is nece... ion, the person signing must state their position with the corporation. NOTE...

Block 12 — Block 12 contains the last information on ... ions or additions are to be made in block 13. If there is no change in the info...

Block 13 — Block 13 is for changes or additions to th... the following type symbols on the title line: *P=President, V=Vice President;* ... *'s more than one position, enter all positions, e.g., S/D, V/S, V/T/D* NOTE: A ... or director's address is confidential pursuant to Section 119.07(k), Florida St... If there is no street address, enter the mailing address and "N/A"

enclose w/ Filing Fee

To whom it May Concern,
I am writing letter to Sec. of State
FEI 59-3143718
State address change of Corp. 12400 SE 126 Court Ocklawaha, Fl. 32179
Please change. Thanks
Sanford C. Shu[illegible]

APPROVED AND FILED
95 [illegible] AUG [illegible] 8: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Block 14 — This report must be signed in Block 14 with an original signature of ... President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment, in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.

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1995

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City & State
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County
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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
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County
30

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☐ 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 was formerly an interpolate tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAND, NEIL R.
11531 N.W. 29TH MANOR
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City FL 85 Zip Code

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Signature of New Registered Agent, if Changing

12. OFFICERS AND DIRECTORS

D
SAND, NEIL R.
11531 N.W. 29TH MANOR
SUNRISE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. To the best of my knowledge, that the information supplied with this blank is willfully false 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 correct and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 1 or 2 above, or on an attachment with an address.

SIGNATURE: Neil R. Sand NEIL R. SAND 4-28-95 305-718-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0230747 CP