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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700080636 (8) GLOBAL DIAGNOSTIC SOLUTIONS, INC.

FILED Mar 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 824 SW 172ND TERR. 824 SW 172ND TERR PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1997 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 65-5789366 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stale 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 **Z**ip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes No. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, JAMES D JR. 824 SW 172ND TERR. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 84 City Zip Code 85 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 registored 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 name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PSTD DELETE 1.1 TITLE Change Addition TITLE EVANS, ANA F NAME 1.2 NAME CRZEG94 824 SW 172ND TERR. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIF 1.4 CITY - ST - ZIP Change DELETE TITLE 2.1 TITLE Addition **GRIFFITHS, JOHN** 2.2 NAME 400 E. 54TH ST., #5E 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK CITY NY 10022** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITEE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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: Una TEvans

3/4/98

(954) 430-5884