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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:49

DOCUMENT # K08372 (0)

1. Corporation Name
AMERICAN CLINICAL LABS, INC.

Principal Place of Business	Mailing Address
10002 PRINCESS PALM AVE. STE 304 TAMPA FL 33619 US	10002 PRINCESS PALM AVE. #304 TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/1987	04/26/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 59-2920885 ☐ 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	10. Name and Address of New Registered Agent
ROSS, JEREMY P. 220 SOUTH FRANKLIN STREET TAMPA FL 33602	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 _____ 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	~~CRT~~	11 TITLE	D	☒ Change ☐ Addition
NAME	KENNEDY, JAMES L.	12 NAME		
STREET ADDRESS	1002 PRINCESS PALM AVE, SUITE 304	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	~~DVS~~	21 TITLE	D	☒ Change ☐ Addition
NAME	HOWE, DAVID B.	22 NAME		
STREET ADDRESS	10002 PRINCESS PALM AVE., SUITE 304	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	CP	☐ Change ☒ Addition
NAME		32 NAME	Diamond, D. Jerry	
STREET ADDRESS		33 STREET ADDRESS	10002 Princess Palm Ave., Suite 304	
CITY-ST-ZIP		34 CITY-ST-ZIP	Tampa, FL 33619	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	Mastropietro, Donald R.	
STREET ADDRESS		43 STREET ADDRESS	10002 Princess Palm Ave., Suite 304	
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa, FL 33619	
TITLE		51 TITLE	S	☐ Change ☒ Addition
NAME		52 NAME	Fannin, Teresa B.	
STREET ADDRESS		53 STREET ADDRESS	10002 Princess Palm Ave., Suite 304	
CITY-ST-ZIP		54 CITY-ST-ZIP	Tampa, FL 33619	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Teresa B. Fannin 4/26/95 (813) 664-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Teresa B. Fannin, Secretary

0290287 CP