FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: **12/22/1987**
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business
21 **1509 S. Florida Ave, Suite 3**
22 Suite, Apt. #, etc.:
23 City & State: **Lakeland, FL 33803**
24 Zip:
25 Country: **USA**

2a. Mailing Address
26 **1509 S. Florida Avenue**
27 Suite, Apt. #, etc.: **Suite 3**
28 City & State: **Lakeland, FL**
29 Zip: **33803**
30 Country: **USA**

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

ROSS, JEREMY P.
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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: _____ (Signature, typed or printed name of Registered Agent and date, if applicable) (NOTE: Registered Agent signature is required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, JAMES L. ~~10002 PRINCESS PALM AVE, SUITE 304~~ ~~TAMPA FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition **1509 S. Florida Ave., Suite 3** **Lakeland, FL 33803**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWE, DAVID B. ~~10002 PRINCESS PALM AVE., SUITE 304~~ ~~TAMPA FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition **1509 S. Florida Ave., Suite 3** **Lakeland, FL 33803**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP DIAMOND, D JERRY ~~10002 PRINCESS PALM AVE STE 304~~ ~~TAMPA FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition **1509 S. Florida Ave., Suite 3** **Lakeland, FL 33803**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MASTROPIETRO, DONALD R ~~10002 PRINCESS PALM AVE STE 304~~ ~~TAMPA FL~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition **1509 S. Florida Ave., Suite 3** **Lakeland, FL 33803**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FANNIN, TERESA B ~~10002 PRINCESS PALM AVE STE 304~~ ~~TAMPA FL~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition **1509 S. Flroida Ave., Suite 3** **Lakeland, FL 33803**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Teresa B. Fannin, Secretary

4/26/96 Date
(941) 688-4666 Daytime Phone #