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FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90078 007 \*\*\*150.00

US535984

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P37566

1. Corporation Name  
SPECIALTY LABORATORIES, INC.

Principal Place of Business  
2211 MICHIGAN AVE.  
SANTA MONICA CA 90404

Mailing Address  
2211 MICHIGAN AVE.  
SANTA MONICA CA 90404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1992

4. FEI Number

95-2961036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, RICHARD  
7311 N. ARMENIA AVE.  
TAMPA FL 33604

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  DELETE

NAME PETER, JAMES B MDPHD  
STREET ADDRESS 2211 MICHIGAN AVE.  
CITY-ST-ZIP SANTA MONICA CA 90404

1.1 TITLE  Change  Addition

TITLE V  DELETE

NAME THIELEN, BART E  
STREET ADDRESS 2211 MICHIGAN AVE.  
CITY-ST-ZIP SANTA MONICA CA 90404

2.1 TITLE  Change  Addition

TITLE P  DELETE

NAME BEYER, PAUL F  
STREET ADDRESS 2211 MICHIGAN AVE.  
CITY-ST-ZIP SANTA MONICA CA 90404

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bart Thielen

2-5-99

Date

310-828-6543

Daytime Phone #

CR2E034 (11/98)