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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P94000088085**

1. Corporation Name
NUONCOLOGY LABS, INC.

Principal Place of Business	Mailing Address
~~7695 SW 104TH STREET~~ ~~SUITE 210~~ ~~MIAMI FL 33156~~	~~7695 SW 104TH STREET~~ ~~SUITE 210~~ ~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994

2. Principal Place of Business	2a. Mailing Address
21 4870 Haygood Road	26 4870 Haygood Road
Suite, Apt. #, etc. 22 Suite 107	Suite, Apt. #, etc. 27 Suite 107
City & State 23 Virginia Beach, Virginia	City & State 28 Virginia Beach, Virginia
Zip / Country 24 23455 25 USA	Zip / Country 29 23455 30 USA

4. FEI Number: 65-0019376 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~LITTMAN, ERIC P~~ ~~7695 SW 104 STREET #210~~ ~~MIAMI FL 33156~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT/SEC/TREAS/DIR PHILIP F. ENLOW 4870 HAYGOOD ROAD SUITE 107 VIRGINIA BEACH, VA 23455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE-PRESIDENT/DIRECTOR ROBERT S. THOMAS 4870 HAYGOOD ROAD SUITE 107 VIRGINIA BEACH, VA 23455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR R. MICHAEL WILLIAMS 4870 HAYGOOD ROAD SUITE 107 VIRGINIA BEACH, VA 23455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR FRASER L. BAKER 4870 HAYGOOD ROAD SUITE 107 VIRGINIA BEACH, VA 23455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR DAVID SIMONETTI 4870 HAYGOOD ROAD SUITE 107 VIRGINIA BEACH, VA 23455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR ANNE C. ENLOW 4870 HAYGOOD ROAD SUITE 107 VIRGINIA BEACH, VA 23455	☐ Change ☒ Addition

CR2E034 (11/98)

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: Philip F Enlow PHILIP F ENLOW 1/29/99 (757) 554-0926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #