

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000058879  
 1. Corporation Name

DIAGNOSTIC CLINICAL LABORATORIES, INC.

Principal Place of Business	Mailing Address
6320 St. Augustine Road San Jose Commerce Center Suite 9B Jacksonville, FL 32217	6320 St. Augustine Road San Jose Commerce Center Suite 9B Jacksonville, FL 32217

3. Date Incorporated or Qualified 7/28/95	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 2500 Landing Blvd. Suite, Apt. #, etc. 22 Suite 300 City & State 23 Middleburg, FL Zip 32068 Country USA	26 2500 Landing Blvd. Suite, Apt. #, etc. 27 Suite 300 City & State 28 Middleburg, FL Zip 32068 Country USA

4. FEI Number 59-3330116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. 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	85 Zip Code
			FL	

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 of Registered Agent (Type name of Registered Agent and the title) \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE D/AS/T <input type="checkbox"/> DELETE	NAME CURTIS ALLISTON
STREET ADDRESS 2500 LANDING BLVD., SUITE 300	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE D/S <input type="checkbox"/> DELETE	NAME JUGAL K. TANEJA
STREET ADDRESS 2500 LANDING BLVD., SUITE 300	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE D <input type="checkbox"/> DELETE	NAME PHILLIP LEEBER
STREET ADDRESS 2500 LANDING BLVD., SUITE 300	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE D/P <input type="checkbox"/> DELETE	NAME DONALD WARD
STREET ADDRESS 2500 LANDING BLVD., SUITE 300	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE D <input type="checkbox"/> DELETE	NAME RONALD BAUGH
STREET ADDRESS 2500 LANDING BLVD., SUITE 300	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
13 STREET ADDRESS	14 CITY-ST-ZIP
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME
33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME
43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
63 STREET ADDRESS	64 CITY-ST-ZIP

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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 supplement 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DONALD WARD, PRESIDENT

7/1/96 (904) 282-4142

CR2E034 (12/95)