

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Aug 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	--

**DOCUMENT #** P96000029007  
1. Corporation Name  
**ADVANCED TECHNOLOGY CLINICAL LABORATORY, INC.**

Principal Place of Business 11890 S.W. 8 St., Suite 100 Miami, Fl. 33184	Mailing Address 1071 S.W. 134th Ct. Miami, Florida 33184
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 28 Suite, Apt. #, etc.	4. FCI Number 65-0671352	3a. Date of Last Report 3/28/96
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	3b. Date of Last Report
23 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable
24 Country	30 Country	7. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent  
**MANUEL OSCAR ARZENO**  
1071 S.W. 134th Ct.  
Miami, Fl. 33184

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

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 in exact name of registered agent and title if applicable. (NOTY Registered Agent signature required when recasting)

12. OFFICERS AND DIRECTORS

TITLE	P/D <input type="checkbox"/> DELETE
NAME	MANUEL OSCAR ARZENO
STREET ADDRESS	1071 S.W. 134th Ct., Miami, Fl. 33184
CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE
NAME	RAFAEL R. GONZALEZ
STREET ADDRESS	7030 W. 10th Ave. Hialeah, Fl. 33014
CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE
NAME	FARILES A. CABRERA
STREET ADDRESS	1071 S.W. 134th Ct. Miami, Fl. 33184
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
3.5 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100002280241  
-08/28/97--01108--020  
\*\*\*550.00

14. I do hereby certify that the information supplied on 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 of profitability or 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 of 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 (changed) or in an attachment with an address.

SIGNATURE: *Manuel Oscar Arzeno* 8-19-97 (305) 228-6216

CPD034 (9/96)