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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000079616 (4)

NATIONAL MEDICAL LABORATORY, INC.

Principal Place 41838 W. FLAG MIAMI FL 3317 11349	wast Flagler St	Mailing Address -11609 W. FLAGLER ST. MIAMI FL 33174-1148 11349 West	Flacle	rst.			
Miami	,FL 33174	Miami Fl		4	<ol> <li>Date Incorporated or Quality 09/25/1996</li> </ol>	ied <b>3a.</b> Da	ate of Last Report
2. Principal Pi 21 //949	ace of Bysiness West Flacler Stract	2a. Mailing Address 5AME			4. FEI Number 65 - 0696140	)	Applied For Not Applicable
~~1	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>X</b>	\$8.75 Additional Fee Required
City & State	- <i>Lun I</i>	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financia	1g	\$5.00 May Be
23 MW	ame, ~~	<b>28</b>	Country		Trust Fund Contribution  8. This corporation has liability	u for intensible	Added to Fees
24 33/	174 25 DADE	<b>├</b> ─¬ }	30		Florida Statutes	·	No
	g, Name and Address of Current I	Registered Agent	81 Na		10. Name and Address of Ne	N Registered	Agent
9130 CW 00 CT					illiam B. Kinss (P.O. Box Number is Not Acco	card ptable)	<del>48</del>
83					5W 99 C	ourt	
			84 Cit		liami	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-nar	ned corpo	oration submits this statement for	the purpose of	1 changing its registered
office or re agent. Lar	egistered agent, or both, in the State of m familiar with, and accept the obligati	i Florida. Such change was at ons. of, Section 607.0505, Flor	uthorized by the gida Statutes.	corporation	on's board of directors. I hereby a	ccept the app	ointment as registered
SIGNATURE	William B.	Kicard 44	5		TILICAN	09 Date	-26-77
12.	Signative typic or printed hard of registered agents  OFFICERS AND		Registered Agent sign	nature envira	ADDITIONS/CHANGES TO (	-	D DIRECTORS IN 12
TOLE [	D	DELETE	1.1 TITLE	PI	resident	1 73	Change Addition
NAME	RICARD, WILLIAM B		1.2 NAME	,,,,	illiam B. Kica		-
STREET ADDRESS	3130 SW 99 CT. MIAMI FL 33165		1.3 STREET ADDR	1 74	30 5W 99 COU	65	
Offy-ST-ZIF TOTALE	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	1	ce. President		Change Addition
NAME	ALVAREZ, TANIA	7	2.2 NAME	14	in Olyana		
STREET ADDRESS	10107 SW 20 TER.		2 3 STREET ADDR		7244 5W 21	5 her	<b>F</b>
CHY ST Zir	MIAMI FL 33165		2. 4 CITY - ST - ZIF		11amı, FZ 33	<u> 155 - </u>	
TITLE		☐ DELETE	3.1 TITLE	[			L Change L Addition
NAME			3.2 NAME				
STREET ADDRESS	l		3.3 STREET ADDR	1			İ
CHY-S1-ZIF TITLE		DELETE	3.4. CITY-ST-ZIF	<u> </u>			Change Addition
NAME			4. 2 NAME	Ì			
STREET ADDRESS			4.3 STREET ADDR	BESS			
City-St-Zin			4 4 CITY-ST-ZIP	_			
ŤIŤLF		☐ DELETE	5.1 TITLE				Change Addition
NAME	f		5.2 NAME				ł
STREET AUDRESS			5.3 STREET ADDR	ESS			
CITY - \$1 - 20F		Dr. ref	5 4 CITY-ST-ZIP		·····	<del></del>	Changa Addition
Tille		DELETE	6.1 TITLE	[			Change Addition
NAME:			6.2 NAME	oree			į
STREET ADDRESS			6.3 STREET ADDR	1			
14. Ldo herel	by certify that the information supplied	with this filing does not qualify	64 CITY-ST-ZIP for the exempt	on stated	in Section 119.07(3)(i), Florida S	atutes. I furthe	r certify that the
informatio Lam an o	in indicated on this annual report or sup theer or director of the corporation or th in Block 12 or Block 13 if changed, or c	oplemental annual report is tra no receiver or trustee empowe on an attachment with an add	ue and accurate gred to execute ress	and that I	my signature shall have the same	i legal effect a	s ir made under oatn: that i
SIGNAT	URE: William	13. Ricard	H2,	1	Duca	04/	08/97