

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

1

PROFIT CORPORATION ANNUAL REPORT 1998

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

**FILED**

99 NOV -5 AM 11:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000070728  
 1. Corporation Name  
**CLINICAL MEDICAL LAB, INC.**

Principal Place of Business Mailing Address  
**114-A Ponce de Leon  
 Coral Gables, FL 33135**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0856951	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name: **Paulina O Lam**  
 82. Street Address (P.O. Box Number is Not Acceptable): **12391 SW 17th Ave**  
 83. City: **Miami**  
 84. State: **FL**  
 85. Zip Code: **33186**

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: *Paulina O. Lam*  
**Paulina O. Lam**  
 (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	<b>ADRIAN FERNANDEZ</b>
CITY - ST - ZIP		1.3 STREET ADDRESS	<b>114-A Ponce de Leon</b>
NAME	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	<b>Coral Gables, FL 33135</b>
STREET ADDRESS		2.1 TITLE	<b>Treasurer/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		2.2 NAME	<b>GUILLERMO FORD</b>
NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<b>114-A Ponce de Leon</b>
STREET ADDRESS		2.4 CITY - ST - ZIP	<b>Coral Gables, FL 33135</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		3.1 TITLE	<b>Secretary/Director</b>
NAME	<input type="checkbox"/> DELETE	3.2 NAME	<b>DONNA Y. SCANILEBURY</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>114-A Ponce de Leon</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Coral Gables, FL 33135</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	<b>800003046388--1</b>
STREET ADDRESS		5.1 TITLE	<b>-11/16/99-01000-007</b>
CITY - ST - ZIP		5.2 NAME	<b>***150.00 ***150.00</b>
NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an authorized officer or director of the corporation or the receiver, trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13. If changed, or on an attachment with an address.

SIGNATURE: *Adrian Fernandez*  
**Adrian Fernandez, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

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# CLINICAL MEDICAL LABORATORY

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116 PONCE DE LEON BLUV. CORAL GABLES, FL 33135

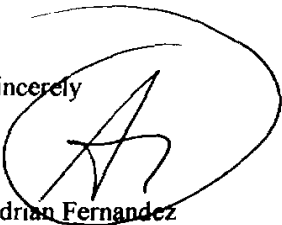
Division of Corporation  
Tallahassee, Florida

Re: Clinical Medical Laboratory, Inc.  
P98000070728  
DISSOLUTION FOR ANNUAL REPORT

**ACTION: REINSTATE**

On behalf of Clinical Medical Laboratory, I would like to reinstate the company, seeing as to I did not receive the renewed statement

Sincerely

A handwritten signature in black ink, appearing to be 'Adrian Fernandez', enclosed within a large, hand-drawn oval.

Adrian Fernandez