

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNTS DUE ON OR BEFORE 6/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**

96 JUN 20 AM 10:00

SECRETARY OF STATE

**DOCUMENT # S43213 (5)**  
 1. Corporation Name  
**MELBOURNE MEDICAL LABORATORY, INC.**

Principal Place of Business: **96 BULLDOG BLVD #100 MELBOURNE FL 32901**  
 Mailing Address: **95 BULLDOG BLVD #100 MELBOURNE FL 32901**

3. Date Incorporated or Qualified: **04/04/1991**      3a. Date of Last Report: **03/31/1995**  
 4. FEI Number: **59-3056514**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **91**      2a. Mailing Address: **26**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
 City & State      City & State  
**23**      **28**  
 Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**

9. Name and Address of Current Registered Agent: **DELGODISH MD, CRAIG 95 BULLDOG BLVD #100 MELBOURNE FL 32901**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP DELGODISH, CRAIG</b>	12 NAME	
STREET ADDRESS	<b>95 BULLDOG BLVD #100</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DS JONES, HARRY A</b>	22 NAME	
STREET ADDRESS	<b>780 COUNTRY CLUB DR</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (3/96)

6/20/96