

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V08227 (3)

1. Corporation Name
CLINLAB, INC.



Principal Place of Business 234 N. WEST MONTE DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address C/O NDC LEGAL DEPT. 1564 N.E. EXPRESSWAY ATLANTA GA 30329 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1992

4. FEI Number
59-3103260

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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	INGRAM, E. MICHAEL	
STREET ADDRESS	1564 N.E. EXPRESSWAY	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RICCARDI, RALPH J	
STREET ADDRESS	6100 S. YALE AVE., #1900	
CITY-ST-ZIP	TULSA OK 74136	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SPEIGHT, REBECCA L	
STREET ADDRESS	6100 S. YALE AVE., #1900	
CITY-ST-ZIP	TULSA OK 74136	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KURTZ, PHILIP D	
STREET ADDRESS	6100 S. YALE AVE., #1900	
CITY-ST-ZIP	TULSA OK 74136	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOVELLES, THOMAS G	
STREET ADDRESS	6100 S. YALE AVE., #1900	
CITY-ST-ZIP	TULSA OK 74136	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEIGHT, REBECCA L	
STREET ADDRESS	6100 S. YALE AVE., #1900	
CITY-ST-ZIP	TULSA OK 74136	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ingram, E. Michael	
1.3 STREET ADDRESS	1564 NE Expressway	
1.4 CITY-ST-ZIP	Atlanta, GA 30329	
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	T P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Walker, Robert L	
3.3 STREET ADDRESS	1564 NE Expressway	
3.4 CITY-ST-ZIP	ATLANTA GA 30329	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kurtz, Philip D.	
4.3 STREET ADDRESS	1564 NE Expressway	
4.4 CITY-ST-ZIP	ATLANTA, GA 30329	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Yellowless, Robert A	
5.3 STREET ADDRESS	1564 NE Expressway	
5.4 CITY-ST-ZIP	Atlanta, GA 30329	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)