

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # 235206 (0)

1. Corporation Name
HIGHLANDS CLINICAL LABORATORY, INC.

Principal Place of Business
601 N CLYDE MORRIS BLVD
ROOM 2
DAYTONA BCH FL 32114

Mailing Address
601 N CLYDE MORRIS BLVD
ROOM 2
DAYTONA BCH FL 32114-2350

3. Date Incorporated or Qualified 04/07/1960	3a. Date of Last Report 03/12/1996
4. FEI Number 59-0899863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

8. Name and Address of Current Registered Agent

FAVIS, EDWARD A
601 N CLYDE MORRIS BLVD 2
DAYTONA BCH, FL
32014

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature of registered agent and title, if applicable (NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FAVIS, EDWARD A	1.2 NAME	
STREET ADDRESS	601 N CLYDE MORRIS BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	SNODGRASS, RICHARD W	2.2 NAME	
STREET ADDRESS	601 N CLYDE MORRIS BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH, FL 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

Richard W. Snodgrass
Richard W. Snodgrass, M.D.

1/22/97 904-252-0571

Date

Daytime Phone #

CR2E034 (9/96)