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Feb 22, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 235206

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1960

4. FEI Number

59-0899863

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1503 Oak Forest Dr.

27 Suite, Apt. #, etc.  
% Edward Favis, m.d

28 City & State  
Ormond Beach, FL

29 Zip Country

30 32174 USA

9. 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FAVIS, EDWARD A  
STREET ADDRESS 601 N CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BCH, FL 00000

TITLE STD ☐ DELETE

NAME SNODGRASS, RICHARD W  
STREET ADDRESS 601 N CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BCH, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Favis, Edward A.

1.3 STREET ADDRESS 1503 Oak Forest Dr.

1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME Snodgrass, Richard W.

2.3 STREET ADDRESS 1151 W. Halifax

2.4 CITY-ST-ZIP Daytona Beach, FL 32118

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99

904-677-7097