

APPROVED AND FILED

00 APR 12 AM 11:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 235208

1. Entity Name HIGHLANDS CLINICAL LABORATORY, INC.

Principal Place of Business 1503 OAK FOREST DR. ORMOND FL 32174 US

Mailing Address 601 N CLYDE MORRIS BLVD ROOM 2 DAYTONA BCH FL 32114-2321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0899863

Applied For Not Applicable

Zip Country

Country

Zip Country

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAVIS, EDWARD A 601 N CLYDE MORRIS BLVD 2 DAYTONA BCH, FL 32014

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Edward A Favis, Inc. DATE: 1/18/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PD FAVIS, EDWARD A, 1503 OAK FOREST DR., ORMOND FL 32174. Row 2: STD SNODGRASS, RICHARD W, 1151 N. HALIFAX, DAYTONA BEACH FL 32118.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward A Favis, Inc. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/18/00 DAYTIME PHONE #

Handwritten signature: Edward A Favis, Inc.