FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 FEB 28 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible] ANNUAL REPORT

1995

DOCUMENT # 331993 (6)

1. Corporate Name

ACEITUNO CLINICAL LABORATORY, INC.

Principal Place of Business	Mailing Address
1330 CORAL WAY. #101 MIAMI FL 33145	1330 CORAL WAY. #101 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1968

3a. Date of Last Report: 04/12/1994

2. Principal Place of Business — 21; Suite, Apt. #, etc. — 22; City & State — 23; Country — 24; Zip — 25

2a. Mailing Address — 26; Suite, Apt. #, etc. — 27; City & State — 28; Zip — 29; Country — 30

4. FEI Number: 59-1217037 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ACEITUNO, LUIS H 8234 S.W. 84TH AVENUE MIAMI FL 33143	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: [illegible] (NOTE: Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: PT 12 NAME: ACEITUNO, LUIS H 13 STREET ADDRESS: 8234 S.W. 84TH AVENUE 14 CITY-ST-ZIP: MIAMI FL 33143	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
21 TITLE: VS 22 NAME: ACEITUNO, LUIS J 23 STREET ADDRESS: 8234 S.W. 84TH AVENUE 24 CITY-ST-ZIP: MIAMI FL 33143	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this 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 added by this report with an address.

SIGNATURE: [signature] 2/21/95 305-807-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187735 CP