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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 550553

1. Corporation Name

COMMU	NITY CLINICAL LABORATO	RY, INC.				
Principal Plac	ce of Business	Mailing Address	_,.,_,	T I BAIM! AIRD AFIRE PRINK PRINK BISDI BISDE IIII AFI	() UIDII OIDII OHDI	
1375 S FORTH HARRISON AVE CLEARWATER FL 33756 US  1375 S FORT HARRISON AV CLEARWATER FL 33756 US US		AVE	DO NOT WRITE IN THIS SPACE			
03		00		3. Date Incorporated or Qualifed 11/01/1977		
2 Dringing D	Place of Business	2a. Mailing Address	_	4. FEI Number	I I An	olied For
2. Pilitipai r	Tace of Business	26 P.O.BOX 0	2640	59-1793100		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 A	_
22   City & Sta	te	City & State	_	6. Election Campaign Financing	\$5.00	May Be
23		28 Cleaningter	- Florida	Trust Fund Contribution	Added t	•
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	_
24	25	29 33757	30 USA	Personal Property Tax.	□Yes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent	
MCH	KEOWN, JAMES L.		81 Name W	Villiam & Price		
1375 S FT HARRISON AVE			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	e 140:	
CLE	ARWATER FL 33756		103	9605 U.S. Howy 19 20		
			84 City	learwater, Fix F	85 Zip C	
SIGNATURE	Signature, typed or printed name of registered age	Zur GER	uthorized by the corpora rida Statutes.  Registered Agent signature requ	ation's board of directors. I hereby accept the ap  uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME	MCKEOWN, JAMES L.SR.		1.2 NAME		_ •	_
STREET ADDRESS	400 M DOLLID		1.3 STREET ADDRESS	•		
	CLEARWATER FL		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	VST	☐ DELETE	2.1 TITLE	·····	Change	Addition
NAME	MCKEOWN, JAMES L.JR.	<b></b>	2.2 NAME	, -		`
STREET ADDRESS	AAAAA TATU AME M		2.3 STREET ADDRESS			
CiTY-ST-ZiP	SEMINOLE FL		2.4 CITY-ST-ZIP	the second secon	·	
TITLE		☐ DELETE	3.1 TITLE	,	☐ Change	Addition
NAME	Į.		3.2 NAME			
STREET ADDRESS	3		3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS						
CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE			4.4 CITY-ST-ZIP		- ma	
		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLÉ	,	Change	☐ Addition
NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	· · · · ·	☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change	Addition
STREET ADDRESS			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP			· .
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
STREET ADDRESS			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP	1		· .

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:

6.4 CITY-ST-ZIP

SIGNATURE: