FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:49

DOCUMENT # 653548 (8)

1. Corporation Name
BROWARD MEDICAL LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1971 E. COMMERICIAL BLVD. FT. LAUDERDALE FL 33300	1971 E. COMMERICIAL BLVD. FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 01/25/1980
3a. Date of Last Report: 03/21/1994

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

4. FEI Number: 59-1973267 ☐ 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
DALE, CHARLES S JR 701 W CYPRESS CREEK RD. FT LAUDERDALE FL 33309	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 414 NE 4th STREET 83 33301 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	AMIN, SHIRLEY U.F. (MD)	1.2 NAME		
STREET ADDRESS	444 VICTORIA TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	AIESI, RITA A.	2.2 NAME		
STREET ADDRESS	3541 NW 35TH TERR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	COLLINS, KEITH	3.2 NAME	COLLINS, KEVIN	
STREET ADDRESS	3605 NE 32ND AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KOVACH, JOSEPH	4.2 NAME		
STREET ADDRESS	5408 BAYBERRY LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	FISHER, JOHN	5.2 NAME		
STREET ADDRESS	1749 NE 39TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT. FL	5.4 CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	ST	6.1 TITLE		☒ Change ☐ Addition
NAME	DALE, CHARLES S JR(ASST)	6.2 NAME		
STREET ADDRESS	701 W CYPRESS CRK RD.	6.3 STREET ADDRESS	414 NE 4th STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	33301	

14. I do 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 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: Rita Aiesi RITA AIESI 1-17-95 305)741-2775
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0215144 CP