FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **653548** **(8)**

1. Corporation Name

BROWARD MEDICAL LABORATORIES, INC.

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

Mailing Address
1971 E. COMMERICIAL BLVD.
FT. LAUDERDALE FL 33308

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

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

3. Date Incorporated or Qualified: 01/25/1980
3a. Date of Last Report: 01/20/1995
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

DALE, CHARLES S JR
414 NE 4TH STREET
FT LAUDERDALE FL 33301

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AMIN, SHIRLEY U.F. (MD)	
STREET ADDRESS	444 VICTORIA TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	☐ DELETE
NAME	AIESI, RITA A.	
STREET ADDRESS	3541 NW 35TH TERR.	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	☒ DELETE
NAME	COLLINS, KEVIN	
STREET ADDRESS	3605 NE 32ND AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	KOVACH, JOSEPH	
STREET ADDRESS	5406 BAYBERRY LANE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	☐ DELETE
NAME	FISHER, JOHN	
STREET ADDRESS	1749 NE 39TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	☐ DELETE
NAME	DALE, CHARLES S JR(ASST)	
STREET ADDRESS	414 NE 4 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	BROMANTE, ANTHONY	
3.3 STREET ADDRESS	5320 SW 21 CT	
3.4 CITY-ST-ZIP	PLANTATION FL	
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)(k), 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 A. Aiesi Rita A. Aiesi Secytrea 1-18-96 (305)491-3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)