

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 653548 (8)

1. Corporation Name  
BROWARD MEDICAL LABORATORIES, INC.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4620 W.COMMERCIAL BLVD Suite, Apt. #, etc. 22 SUITE 2 City & State 23 TAMARAC, FL Zip 24 33319		2a. Mailing Address 26 4620 W.COMMERCIAL BLVD Suite, Apt. #, etc. 27 SUITE 2 City & State 28 TAMARAC, FL Zip 29 33319		3. Date Incorporated or Qualified 01/25/1980	
Country 25 USA		Country 30 USA		4. FEI Number 59-1973267 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> 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  
85 Zip Code

FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMANTE, ANTHONY	3.2 NAME	
STREET ADDRESS	5320 SW 21 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH, JOSEPH	4.2 NAME	
STREET ADDRESS	5406 BAYBERRY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JOHN	5.2 NAME	
STREET ADDRESS	1749 NE 39TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE, CHARLES S JR(ASST)	6.2 NAME	
STREET ADDRESS	414 NE 4 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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)(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*

4-17-98

CR2E034 (10/97)