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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 FEB -7 PM 2:48

DOCUMENT # 855030 (3)

1. Corporation Name
AMERICAN MEDICAL LABORATORIES, INC.

Principal Place of Business	Mailing Address
PO BOX 10841 CHANTILLY VA 22021 US	PO BOX 10841 CHANTILLY VA 22021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1982
3a. Date of Last Report: 02/16/1994
4. FEI Number: 54-0854787 ☐ 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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	NEW CHIEF OPERATING OFFICER ☐ Change ☐ Addition
NAME	GODWIN, IRA D.	1.2 NAME	WILLIAM A. BUNDY
STREET ADDRESS	11036 BROOKLINE DR.	1.3 STREET ADDRESS	18401 AZALEA DRIVE
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP	DERWOOD, MD. 20855
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	VASSALLO, MICHAEL	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 527	2.3 STREET ADDRESS	RT. 1, P.O. BOX 409
CITY-ST-ZIP	CATLETT VA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	PETTY, MICHAEL	3.2 NAME	
STREET ADDRESS	6166 HIDDEN CANYON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CENTERVILLE VA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLIER, ROBERT K.	4.2 NAME	
STREET ADDRESS	6723 SURBITON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON VA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	COOK, C. BARRIE (CHMN.)	5.2 NAME	
STREET ADDRESS	10405 STRATFORD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	LINEBERGER, A.S.	6.2 NAME	
STREET ADDRESS	10818 HENDERSON RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	6.4 CITY-ST-ZIP	

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: Michael Petty MICHAEL PETTY VP/SEC. 1/11/95 (703) 802-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307660 FP