

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855030 (3)
 1. Corporation Name
AMERICAN MEDICAL LABORATORIES, INC.



Principal Place of Business PO BOX 10841 CHANTILLY VA 22031 US	Mailing Address PO BOX 10841 CHANTILLY VA 20153-0841 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 20153-0841	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 20153-0841
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3. Date Incorporated or Qualified 12/17/1982	3a. Date of Last Report 04/22/1996
4. FEI Number 54-0854787	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	COO	<input type="checkbox"/> DELETE
NAME	BUNDY, WILLIAM A	
STREET ADDRESS	18401 AZALEA DRIVE	
CITY - ST - ZIP	DERWOOD MD	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VASSALLO, MICHAEL	
STREET ADDRESS	RT 1 PO BOX 409	
CITY - ST - ZIP	CATLETT VA	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	GODWIN, IRA D.	
STREET ADDRESS	11036 BROOKLINE DR	
CITY - ST - ZIP	FAIRFAX VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KYLE, PAUL E.	
STREET ADDRESS	9903 COLONY ROAD	
CITY - ST - ZIP	FAIRFAX VA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COOK, C. BARRIE (CHMN.)	
STREET ADDRESS	10405 STRATFORD AVE.	
CITY - ST - ZIP	FAIRFAX VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINEBERGER, A.S.	
STREET ADDRESS	10818 HENDERSON RD.	
CITY - ST - ZIP	FAIRFAX VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bundy, William A	
1.3 STREET ADDRESS	178803 Dry Mill Rd	
1.4 CITY - ST - ZIP	Leesburg, VA, 22075	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kellar, Arthur	
2.3 STREET ADDRESS	2909 Colesburg Place	
2.4 CITY - ST - ZIP	Fairfax, VA, 22030	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Church, Randolph	
3.3 STREET ADDRESS	5114 Forsgate Place	
3.4 CITY - ST - ZIP	Fairfax, VA, 22030	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Weatherly, Leslie, A	
4.3 STREET ADDRESS	4524 Orr Dr.	
4.4 CITY - ST - ZIP	Chantilly, VA, 22021	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bailey, Jimmy L	
5.3 STREET ADDRESS	9707 Barlow Rd.	
5.4 CITY - ST - ZIP	Fairfax, VA, 22031	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Collier, Robert K.	
6.3 STREET ADDRESS	6723 Surbiton Dr.	
6.4 CITY - ST - ZIP	Clifton, VA, 22124	

14. I do 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: _____ **REQUIRED** **3-24-97** **703-802-6900**

CR2E034 (9/96)