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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90111 021 ***150.00

DOCUMENT # 855030

1. Corporation Name
AMERICAN MEDICAL LABORATORIES, INC.

Principal Place of Business
14225 NEWBORRK DRIVE
CHANTILLY VA 20151-2230
US

Mailing Address
PO BOX 10841
CHANTILLY VA 20153-0841
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/17/1982

2. Principal Place of Business
21 14225 Newbrook Dr.
Suite, Apt. #, etc.
22 Chantilly, VA
City & State
23 20151-2230
Zip 24 Country 25

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

4. FEI Number: 54-0854787 — Applied For ☐ Not Applicable ☐

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ 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 NA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☒ DELETE	1.1 TITLE	Executive VP ☐ Change ☒ Addition
NAME	BUNDY, WILLIAM A	1.2 NAME	John E. Bergstrom
STREET ADDRESS	17883 DRY MILL ROAD	1.3 STREET ADDRESS	14225 Newbrook Dr.
CITY-ST-ZIP	LEESBURG VA	1.4 CITY-ST-ZIP	Chantilly, VA 20151-2230
TITLE	~~COB~~ Chairman & Secretary ☐ DELETE	2.1 TITLE	Executive VP & Corp. Compliance office ☐ Change ☒ Addition
NAME	GLICK, JERROLD L	2.2 NAME	Alvin Garin
STREET ADDRESS	1600 WYNKOOP STREET, SUITE 200	2.3 STREET ADDRESS	14225 Newbrook Dr.
CITY-ST-ZIP	DENVER CO 80202	2.4 CITY-ST-ZIP	Chantilly, VA, 20151-2230
TITLE	~~PO~~ ☒ DELETE	3.1 TITLE	SVP & CFO ☐ Change ☒ Addition
NAME	GODWIN, IRA D.	3.2 NAME	Robert W. Fredericks
STREET ADDRESS	11036 BROOKLINE DR (duplicate)	3.3 STREET ADDRESS	14225 Newbrook Dr.
CITY-ST-ZIP	FAIRFAX VA	3.4 CITY-ST-ZIP	Chantilly, VA, 20151-2230
TITLE	PCEO ☐ DELETE	4.1 TITLE	Executive VP ☐ Change ☒ Addition
NAME	BRODNICK, TIMOTHY J	4.2 NAME	Jay D. Tyler
STREET ADDRESS	14225 NEWBROOK DRIVE	4.3 STREET ADDRESS	14225 Newbrook Dr.
CITY-ST-ZIP	CHANTILLY VA 20151-2230	4.4 CITY-ST-ZIP	Chantilly, VA, 20151-2230
TITLE	~~CB~~ Vice Chairman of the Board ☐ DELETE	5.1 TITLE	Director ☐ Change ☒ Addition
NAME	COOK, C. BARRIE (CHMN.)	5.2 NAME	Bruce V. Rauner
STREET ADDRESS	~~10405 STRATFORD AVE.~~ 2300 Gallows Rd.	5.3 STREET ADDRESS	6100 Sears Towers
CITY-ST-ZIP	~~FAIRFAX VA~~ Falls Church, VA, 22046	5.4 CITY-ST-ZIP	Chicago, IL, 60606-6402
TITLE	VCOB ☐ DELETE	6.1 TITLE	Director ☐ Change ☒ Addition
NAME	GODWIN, IRA	6.2 NAME	Donald J. Edwards
STREET ADDRESS	14225 NEWBROOK DRIVE	6.3 STREET ADDRESS	6100 Sears Towers
CITY-ST-ZIP	CHANTILLY VA 20151-2230	6.4 CITY-ST-ZIP	Chicago, IL 60606-6402

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, with all other like empowered.

SIGNATURE: Robert W. Fredericks 4/19/99 (703) 802-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)