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

Mailing Address
4350 W SUNRISE BLVD

PLANTATION FL 33313-6709

SUITE 107

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

Principal Place of Business

4350 W SUNRISE BLVD

PLANTATION FL 33313

SUITE 107



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 03 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400001261 (6)

U.S. LABORATORIES (DELAWARE) INC.

				03/14/1994	03/26/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		33-0586167	Not Applicable	
Suite Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		The Solution of States Dealer	Fee Required	
		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	Country	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	<del></del>		or intangible tax under s. 199.032,  Yes No	
24	9. Name and Address of Curren	29 29 Agent	30	Florida Statutes  10. Name and Address of New F		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				<u> </u>		
AGEA MI CHAIDIGE DI VID. CHITTE 107						
				82 Street Address (P.O. Box Number is Not Acceptable)  1201 Hays Street		
	11/11/01/12 00010	1201 hays street				
I			B4 Cit	·	FL   85   Zip Code   32301	
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida State	utes, the above-nar	Tallahassee med 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 607,6505, Florida Statutes.						
_	Dien. Carlot	~ 1 1	ean trov	t. Secretary 2	12197	
SIGNATURE >	Signature, lyphal or productinal pick registered age			nature required when reinstating)	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF		
Till;F	DPT	☐ DELETE	1.1 TITLE	DPT	Change Addition	
NAME	WRIGHT, DICKERSON	. *400	1.2 NAME	Wright, Dickerson		
STREET ADDRESS	3321 E. OAKLAND PARK BLVI	D. #132	1.3 STREET ADDR			
CITY - ST - ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	Plantation, Florida 3331		
TOTALE	S WOODER KATHEDINE	☐ DELETE	2 1 TITLE		Change Addition	
NAME	WRIGHT, KATHERINE	E 407	2.2 NAME			
STREET ADDRESS	4350 W SUNRISE BLVD, SUITI PLANTATION FL	E 10/	2.3 STREET ADDR			
CHY-S1-7IP	PLANTATION FL	DELETE	2 4 CITY-ST-ZIP		Change Addition	
TIPLE		יין זינננונ	3.1 TITLE	*	Change C Admition	
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDR			
CITY+SI+ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	,	Change Addition	
NAME			4. 2 NAME		hand serverings hand recording	
STREET ADDRESS			4.3 STREET ADDR	FSS .		
CITY+ST-ZIP			4.4 CITY-ST-ZIP		1	
7/TLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	IESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP	i	1	
THE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	ESS	1	
City - \$1 - 7/P			6.4 CITY-SI-ZIP			
14. Lao heret	by certify that the information supplie	a with this filing does not qua	alify for the exempti	ion stated in Section 119.07(3)(i), Florida Statu and that my signature shall have the same le	ites. I further certify that the	
l am an o	m middated on mis annual report or s flicer or director of the corporation or	supplemental annual report 19 I the receiver or trustee empo	owered to execute t	and that my signature shall have the same le this report as required by Chapter 607, Florida	gar enect as inmade under dain; that a Statutes; and that my name	