SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000002924 (8)**

1. Corporation Name
UNIVERSAL STANDARD MEDICAL LABORATORIES, INC.

Principal Place of Business	Mailing Address
21705 EBERGREEN SOUTHFIELD MI 48075	21705 EBERGREEN SOUTHFIELD MI 48075

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 26500 Northwestern Hwy.	26 PO Box 5126
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27
City & State 23 Southfield, MI	City & State 28 Southfield, MI
Zip / Country 24 48086-5126 / 25 USA	Zip / Country 29 48086-5126 / 30 USA

4. FEI Number: 38-2986640 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PCD ☑ Change ☐ Addition
NAME	WATKINS, JOHN T	1.2 NAME	Watkins, John T
STREET ADDRESS	21705 EVERGREEN ROAD	1.3 STREET ADDRESS	26500 Northwestern Highway
CITY-ST-ZIP	SOUTHFIELD MI	1.4 CITY-ST-ZIP	Southfield, MI, 48086-5126
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	KATELEY JR, JOHN R	2.2 NAME	
STREET ADDRESS	5656 S. CEDAR STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANDING MI	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V ☑ Change ☐ Addition
NAME	MCCLUNG, MICHAEL W	3.2 NAME	McClung, Perry
STREET ADDRESS	21705 EVERGREEN ROAD	3.3 STREET ADDRESS	26500 Northwestern Highway
CITY-ST-ZIP	SOUTHFIELD MI	3.4 CITY-ST-ZIP	Southfield, MI 48086-5126
TITLE	V	4.1 TITLE	V ☑ Change ☐ Addition
NAME	MILLER, MICHAEL W	4.2 NAME	Miller, Michael
STREET ADDRESS	21705 EVERGREEN ROAD	4.3 STREET ADDRESS	26500 Northwestern Highway
CITY-ST-ZIP	SOUTHFIELD MI	4.4 CITY-ST-ZIP	Southfield, MI 48086-5126
TITLE	VT	5.1 TITLE	Asst, Secretary, Treasurer, V ☑ Change ☐ Addition
NAME	KER, ALAN S	5.2 NAME	Ker, Alan S
STREET ADDRESS	21705 EVERGREEN ROAD	5.3 STREET ADDRESS	26500 Northwestern Highway
CITY-ST-ZIP	SOUTHFIELD MI	5.4 CITY-ST-ZIP	Southfield, MI 48086-5126
TITLE	S	6.1 TITLE	☑ Change ☐ Addition
NAME	WILLENS, DAVID A	6.2 NAME	Delete
STREET ADDRESS	21705 EVERGREEN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: X _____ CFO 6/27/95 810-358-0810 x225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177017 FP