

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002924 (8)
1. Corporation Name

UNIVERSAL STANDARD MEDICAL LABORATORIES, INC.



Principal Place of Business

Mailing Address

26500 NW HWY
SUITE 400
SOUTHFIELD MI 48066-5126
US

P. O. BOX 5126
SOUTHFIELD MI 48066-5126
US

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. # etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
WATKINS, JOHN T
26500 NORTHWESTERN HWY
SOUTHFIELD MI

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KATELEY JR, JOHN R
5656 S. CEDAR STREET
LANDING MI

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MCCLUNG, PERRY
26500 NORTHWESTERN HWY
SOUTHFIELD MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MILLER, MICHAEL
26500 NORTHWESTERN HWY
SOUTHFIELD MI

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
KER, ALAN S
26500 NORTHWESTERN HWY
SOUTHFIELD MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WILLENS, DAVID A
21705 EVERGREEN ROAD
SOUTHFIELD MI

☒ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

11C

Eugene Jennings

26500 Northwestern Hwy

Southfield MI 48076

V

Lou Gorga

26500 Northwestern Hwy

Southfield, MI 48076

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S

Thomas Vaughn

400 Renaissance Center

Detroit, MI 48243

35th Floor

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

810 358-0810/15225