SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 F94000002924 (8) **DOCUMENT #** UNIVERSAL STANDARD MEDICAL LABORATORIES, INC. Mailing Address Principal Place of Business P. O. BOX 5126 26500 NW HWY **SOUTHFIELD MI 48086-5126** SUITE 400 3a. Date of Last Report SOUTHFIELD MI 48086-5126 3. Date Incorporated or Qualified 07/07/1995 06/06/1994 Applied For **FEI Number** 2a. Mailing Address 2. Principal Place of Business 38-2986640 Not Applicable 26 21 \$8.75 Additional Suite, Apt. # etc 5. Cert-licate of Status Desired Suite. Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199.032 Country Country Zιο Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 Zip Code 85 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOT: Represed Agents gratinings and when modulated)\* (IATE SIGNATURE Signal is a typed or professional edition and it is given at agent and the stappin above ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE TITLE Eugene Jennings 1.2 NAME watkins, John T 26500 Northwestern Hwy NAME 26500 NORTHWESTERN HWY 1.3 STREET ADDRESS STREET ADDRESS Sudhfield MI 48076 1.4 CITY - ST - ZIF SOUTHFIELD MI CITY-ST-ZIF Change DELETE 2 1 TITLE TITLE Lou Gorga 2.2 NAME KATELEY JR. JOHN R NAME 26500 North Western Hay 2 3 STREET ADDRESS 5656 S. CEDAR STREET STREET ADDRESS Southfield, MI 480% 2 4 CITY - ST - ZIP LANDING MI C-TY-ST-ZIP Change \_\_\_ Addition DELETE 3.11156 TITLE 3.2 NAME MCCLUNG, PERRY NAME 3.3 STREET ADDRESS 26500 NORTHWESTERN HWY STREET ADDRESS SOUTHFIELD MI 34 CITY ST-ZIP CITY - ST - ZIE \_\_\_\_ Change \_\_\_\_ Addition DELETE 4.1 TITLE TITLE 4 2 NAME MILLER, MICHAEL NAME 4.3 STREET ADDRESS 26500 NORTHWESTERN HWY STREET ADDRESS SOUTHFIELD MI 4.4 CITY - ST - ZIP Change Addition CITY - ST-ZIP DELETE 51 TITLE TITLE 5.2 NAME KER, ALAN S NAME 26500 NORTHWESTERN HWY 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - 2IP SOUTHFIELD MI Change Addition CITY - ST - ZIP DELETE 617ILE TITLE Thomas Vaughn

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)(k). 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 earth, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13. Chapter 3 on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

400 Renaissance Center

Detroit, MI 48243

SIGNATURE:

NAME

STREET ADDRESS

WILLENS, DAVID A

21705 EVERGREEN ROAD

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

810 358 0810×533\$

3574 Floor

(96/8)

CR2E034