

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

**26500 NW HWY  
SUITE 400  
SOUTHFIELD MI 48066-5126  
US**

Mailing Address

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**06/06/1994**

3a. Date of Last Report

**07/02/1996**

4. FET 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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PCD**

☐ DELETE

NAME

**JENNINGS, EUGENE**

STREET ADDRESS

**28500 NORTHWESTERN HWY**

CITY - ST - ZIP

**SOUTHFIELD MI**

TITLE

**V**

☐ DELETE

NAME

**GORGA, LOU**

STREET ADDRESS

**28500 NORTH WESTERN HWY**

CITY - ST - ZIP

**SOUTHFIELD MI**

TITLE

**V**

☐ DELETE

NAME

**MCCLUNG, PERRY**

STREET ADDRESS

**28500 NORTHWESTERN HWY**

CITY - ST - ZIP

**SOUTHFIELD MI**

TITLE

**V**

☒ DELETE

NAME

**MILLER, MICHAEL**

STREET ADDRESS

**28500 NORTHWESTERN HWY**

CITY - ST - ZIP

**SOUTHFIELD MI**

TITLE

**ST**

☐ DELETE

NAME

**KER, ALAN S**

STREET ADDRESS

**28500 NORTHWESTERN HWY**

CITY - ST - ZIP

**SOUTHFIELD MI**

TITLE

**S**

☐ DELETE

NAME

**VAUGHN, THOMAS**

STREET ADDRESS

**400 RENAISSANCE CENTER, 35TH FLOOR**

CITY - ST - ZIP

**DETROIT MI**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do 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.

SIGNATURE:

FILED  
May 12 1997 8:00am  
Secretary of State



CR2E034 (9/96)

4/29/97