

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **F95000000131 (1)**

1. Corporation Name

**CORNING CLINICAL LABORATORIES INC**



Principal Place of Business

Mailing Address

**ONE MALCOLM AVENUE  
TETERBORO NJ 07608**

**ONE MALCOLM AVENUE  
TETERBORO NJ 07608**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

g. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**01/09/1995**

3a. Date of Last Report

4. FET Number

**16-1387862**

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 or officer or director

Signature, typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
CEOD	THURMAN, RANDY H	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input checked="" type="checkbox"/>
EV	LAMON, KIM D M.D.	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>
EVDO	REYNOLDS, ALISTER W	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>
EV	GAMBINO, S. RAYMOND M.D.	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>
SRV	VANOORT, DOUGLAS M	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>
SRV	BACHICH, MICHAEL J	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PIC/CEO/D	KENNETH FREEMAN	ONE MALCOLM AVENUE	TETERBORO, NJ 07608	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 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: *Stephen A. Calamari* **STEPHEN A. CALAMARI** 4/24/96 201 393 5415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dulying Phone #  
**ASST. CONTROLLER**

CR2E034 (12/95)