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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F9500000131 (1) DOCUMENT #

1. Corporation Name

**CORNING CLINICAL LABORATORIES INC** 

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

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Principal Place of Business Mailing Address  ONE MALCOLM AVENUE TETERBORO NJ 07608  TETERBORO NJ 07608												
								3. Date Incorporated or Qua 01/09/1995	alifieo	<b>3a.</b> Dat∈	of Last F	Report
2. Principal P	ace of Busin	ess	j	Mailing Address				4. FEI Number				Applied For
21		· <del></del>	26					16-1387862				Not Applicable
Suite, Apt.			27	Suite, Apt. #, etc.				5. Certificate of Status Desi				5 Additional Required
City & Stat	e			City & State				6. Election Campaign Finance  Trust Fund Coatributing	oing	$\Gamma$		00 May Be
<b>23</b> Zip		Country	28	Zip	Cour	ritor		Trust Fund Contribution  8. This corporation has liabile	lity for i	ntongible to		ed to Fees
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	g, Name	and Address of Curre		tered Agent				10. Name and Address of	New R	egistered	Agent	
						81	Name					
THE P	RENTICE-HA	ALL CORPORATION	SYSTEM	I, INC.		82	Street A	Address (P.O. Box Number is Not Ad	ceptah	lei		
1201 HAYS STREET, SUITE 105												
TALLAH	HASSEE FL	. 32301				83						
					ŀ	84	City				<b>85</b> Z	op Code
								rporation submits this statement for board of directors. Thereby accept the		FL	.	
<b>12.</b> THE	CEOD	or pinters have of regulared a ji OFFICERS A			(%: (fig. 18 grefered 13.	Agest		ADDITIONS/CHANGES T	O OFF	DATE ICERS AND	DIRECTO	ORS IN 12
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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: Styling Column STEPHEN A. CALAMARI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AKET EONTROLLER

4/24/96 201 393 5415