

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003185 (4)

1. Corporation Name

LTC MEDICAL LABORATORIES, INC.



Principal Place of Business

4747 IRVING BLVD
SUITE 247
DALLAS TX 75247

Mailing Address

4747 IRVING BLVD
SUITE 247
DALLAS TX 75247

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
75-2461274

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME ELLIOTT, NEAL M
STREET ADDRESS 4747 IRVING BLVD, SUITE 247
CITY-STATE-ZIP DALLAS TX 75247

TITLE VD ☒ DELETE

NAME BELT, KLEMETT L JR
STREET ADDRESS 4747 IRVING BLVD, SUITE 247
CITY-STATE-ZIP DALLAS TX 75247

TITLE VASD ☐ DELETE

NAME GONZALES, CHARLES H SR
STREET ADDRESS 4747 IRVING BLVD, SUITE 247
CITY-STATE-ZIP DALLAS TX 75247

TITLE VCFO ☐ DELETE

NAME SCHOFIELD, ERNEST A SR
STREET ADDRESS 4747 IRVING BLVD, SUITE 247
CITY-STATE-ZIP DALLAS TX 75247

TITLE V ☐ DELETE

NAME MENDELZON, RON
STREET ADDRESS 4747 IRVING BLVD, SUITE 247
CITY-STATE-ZIP DALLAS TX 75247

TITLE S ☐ DELETE

NAME SAUDER, SCOT
STREET ADDRESS 4747 IRVING BLVD, SUITE 247
CITY-STATE-ZIP DALLAS TX 75247

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DIRECTOR

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/96

505 878 6100

CR2E034 (12/95)