

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90009 018 ***150.00

DOCUMENT # F95000003185

1. Corporation Name

LTC MEDICAL LABORATORIES, INC.

Principal Place of Business

10065 RED RUN BOULEVARD
OWINGS MILLS MD 21117
US

Mailing Address

10065 RED RUN BOULEVARD
OWINGS MILLS MD 21117
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CIRKA, LAWRENCE P | |
| STREET ADDRESS | 10065 RED RUN BOULEVARD | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | FULCHINO, MARK L | |
| STREET ADDRESS | 10065 RED RUN BOULEVARD | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LEVIN, MARC B | |
| STREET ADDRESS | 10065 RED RUN BOULEVARD | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | BENNETT, W. BRADLEY | |
| STREET ADDRESS | 10065 RED RUN BOULEVARD | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARSHALL, A. ELKINS | |
| STREET ADDRESS | 10065 RED RUN BOULEVARD | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Taylor Pickett | |
| 1.3 STREET ADDRESS | 10065 Red Run Blvd | |
| 1.4 CITY-ST-ZIP | owings mills md 21117 | |
| 2.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Robert Stephenson | |
| 2.3 STREET ADDRESS | 10065 Red Run Blvd | |
| 2.4 CITY-ST-ZIP | owings mills md 21117 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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, with all other like empowered.

SIGNATURE:

Mark L Fulchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

410.998.8578
Daytime Phone #

CR2E034 (11/98)