2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

1. Entity Name FIRST HOSPITAL LABORATORIES, INC.						04-05-2004	90072 025 ***1	50.00
Principal Place of Business 240 CORPORATE BLVD NORFOLK, VA 23502 US		Mailing Address 240 CORPORATE BLVD NORFOLK, VA 23502	240 CORPORATE BLVD		- 	94944]		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01152004	Chg-P	CR2E034 (10/03)
City & State		City & State	City & State		4. FEI Numbe 54-1497			applied For Not Applicable
Zip			Country	5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent			Ns	ame	7. Name and	Address of New Re	gistered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301-2525						,		Lunima
			Ci	City FL Zip Code				
	named entity submits this statemer ions of registered agent.					h, in the State of Flor		n, and accept
	Signature, typed or printed name of registered a			ent signature required			DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Campai Trust Fund Cont			00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS 1			11.	11/2			CERS AND DIRECTO	
UTLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOZORETZ, RONALD I MD 240 CORPORATE BLVD NORFOLK, VA 23502	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	DOBESS 24	0 (3) (00	en Potti rake BIVO 14 2350	•	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, DAVID 240 CORPORATE BLVD NORFOLK, VA 23502	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	DDRESS	·		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	WHITE, REBECCA 240 CORPORATE BLVD NAI SIE		NAME STREET ADI	1		-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORAM, THOMAS E 240 CORPORATE BLVD NORFOLK, VA 23502	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, DENNIS 240 CORPORATE BLVD NORVOLK, VA 23502	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD	DDRESS 24	sistant oria J.	Secretary Nuss le Blyd.	☐ Change	Addition
CITY-ST-ZIP	1		CITY-ST-2	ZIP NO	Y folk V	A 23502		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _