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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004661

1. Corporation Name

Principal Place of Business

MEDICAL LABORATORY AUTOMATION, INC.

270 MARBLE AVENUE PLEASANTVILLE NY 10570		270 MARBLE AVENUE PLEASANTVILLE NY 10570			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/11/1996		
2. Principal Place of Business		2a. Mailing Address		_	4. FEI Number Applied For	_	
21		26			13-2603301 Not Applicab	ie	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	28 Zip	Country			긕	
Zip 24	25	29 30	¬ ´		8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	_	
000	DODATION OFFICE COMPANY		81	Name		ļ	
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	Street	Address (P.O. Box Number is Not Acceptable)	_	
TALLAHASSEE FL 32301-2525			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\dashv	
			84		FL 85 Zip Code		
office of re agent. I a	to the provisions of Sections 607.05(egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Ager	it signature :	required when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addit	on	
NAME	SCORDATO, EMIL		1.2 NAME			Ì	
STREET ADDRESS	270 MARBLE AVENUE		1.3 STREET	TADDRESS		ı	
CITY-ST-ZIP	PLEASANTVILLE NY		1.4 CITY-S	T-ZIP			
TITLE	PO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addit	ЮП	
NAME	SCORDATO, RICHARD		2.2 NAME				
STREET ADDRESS	270 MARBLE AVENUE		2.3 STREET	FADDRESS		ĺ	
CITY-ST-ZIP	PLEASANTVILLE NY		2. 4 CITY-S	T-ZIP			
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addit	ión	
NAME	CLYMER, STUART		3.2 NAME				
STREET ADDRESS	270 MARBLE AVENUE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	PLEASANTVILLE NY	<u>, </u>	3.4. CITY-S	T-ZIP			
TITLE	V	DELETE	41 TITLE		VICE PRESIDENT Change Addition Sennis Genshowitz	ion	
NAME	Bussey, Kenneth		42NAME		Dennis Genshowitz		
STREET ADDRESS	270 MARBLE AVENUE		4.3 STREET	ADDRESS		!	
CITY-ST-ZIP	PLEASANTVILLE NY		4.4 CITY-S	T-ZIP	MIASANTVILL, MINYOTH 10500		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addit	ion	
NAME	Berkman, Jerome		5.2 NAME				
STREET ADDRESS	ONE CANTERBURY GREEN		5.3 STREET	TADDRESS			
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-S	T-ZIP			
TITLE	V	DELETE	6.1 TITLE		VILL TILSICIAL ACCHANGE Addit	ion .	
NAME	CAMPBELL, JACK		6.2 NAME		Michael Panilla 20 Manble Avinus		
STREET ADDRESS	270 MARBLE AVENUE		6.3 STREET	T ADDRESS	200 MANGLE AVINUA		

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 repeiver 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 affecting that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

FILED

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90097 006 ***150.00