

PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## DIVISION OF CORPORATIONS

## DOCUMENT # F97000002826

ALLERGY TESTING LABORATORIES, INC.

Principal Place of Business Malling Address								1			
98 SANJACINTO BLVD. STE 540 AUSTIN TX 78701-4039 89 SANJACINTO BLVD. STE 5 AUSTIN TX 78701-4039					540						
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed	IN THIS GENEL		
								05/30/1997			
			- 1 -	14-311- A-1-1			<del>·</del> —	4. FEI Number	T	piled For	
	lace of Busines: YW 57型			2a. Mailing Address				74-2832287		t Applicable	
		314661	26	26 1524 5 1H 35				14-2002201	\$8.75	<del>-</del>	
Suite, Apt. #, etc.			$\vdash$	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re		
22 SUITE			27]					A Floriton Commisse Financing		May Be	
City & State			-	City & State 28 AUSTIN, TX				6. Election Campaign Financing Trust Fund Contribution		may.pe to Fees	
	sville, Fl		28	Zip Country				8. This corporation owes the current year Intangible			
Zip 3260	, <b></b>	Country				TEA	NI 5	8. This corporation owes the current Personal Property Tax.	year mangible 	-⊡No	
24 5260		d Address of Curre	29 Z		30			10. Name and Address of New Regi			
	9, Name an	d Address of Curre	nt Kegis	teled Agent		81	Name	10. Wallio and Hodeson of Hose Way			
COR	PORATION S	ERVICE COMPANY	,								
	HAYS ST	LITTOL COM /WY				82 Street Address (P.O. Box Number is Not Acceptable)					
STE											
		00004				83					
TALLAHASSEE FL 32301						84 City FL 85 Zip Code					
44 Dureunot	to the provision	s of Sections 607 05	02 and 6	07 1508 Florida Statute	s. the a	bove-	named co	poration submits this statement for the pur		registered	
office or r	egistered agent m familiar with,	, or both, in the State and accept the obliga	of Floridations of	da. Such change was au , Saction 607.0505, Flori	thorized ida Stat	by tutes.	he corpora	poration submits this statement for the purion's board of directors, I hereby accept th	e appointment as re	gistered	
SIGNATURE											
	Signature, typed or p	rinted name of registered age				Agent	mitagrada sadny		DATE	00 11 12	
12.		OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICE	Change	X Addition	
TITLE	CPD			☐ DELETE	1.1 TI	-		LEANT G. BEHRMAN	- Crembo	. (Draww	
NAME		CHARLES L MD			1.2 N	ME		3 BOULING HILLS LAME			
STREET ADDRESS	98 SANJAC	into blvd. Ste 5	40		1.3 \$	REET					
CITY-ST-ZIP	AUSTIN TX	78701-4039			1.40	TY-ST	.44	HARRISON, NY 1052B	<u> </u>		
TITLE	D			DELETE	2.1 Tr	TLE		PRESIDENT	☐ Change	Addition	
NAME	BEHRMAN,	DARRYL			22 N	WE	1	ROBERT A. MIGHATTI			
STREET ADDRESS	AAA E CATU				23 \$	REET/		202 ROYAL BICKDALE			
CITY-ST-ZIP	NEW YORK				240	IIY-ST	.zp	AUSTIN, TX 78746			
TITLE	S			☐ DELETE	3.1 TI			IP- LAB OPERATIONS	☐ Change	Addition	
	VISSER, MA	DV D		<u> </u>	3.2 N		ا ا	IARV A. KITOS			
NAME	= 6.71						ADDRESS	BBIT SW BIS AVENUE			
STREET ADDRESS	1						,	GAINESVILLE, FL 32608			
CITY-ST-ZIP	NEW YORK	NT 1UUZZ				ITY-ST			☐ Change	☐ Addition	
III/E				DELSTE :=_	- 4.4.1 11	นธะ⊸−		. — .			

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 path; 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CRY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

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-31	UNIV	M 1 1		<b>—</b> .

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

Addition

Mar 10, 1999 8:00 am Secretary of State

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