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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # H44911

1. Corporation Name

Manatee Medical Laboratories, Inc.

Principal Place of Business	Mailing Address
2902 - 59th Street West Suite Q Bradenton, Florida 34209	888 East Las Olas Blvd. Third Floor Fort Lauderdale, FL 33301

3. Date Incorporated or Qualified: 02-28-85
3a. Date of Last Report: 08-10-94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2528688	☐ Applied For ☐ Not Applicable
21 2902 - 59th Street West	26 888 E. Las Olas Blvd.		
Suite, Apt. #, etc. 22 Suite Q	Suite, Apt. #, etc. 27 Third Floor	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Bradenton, FL 34209	City & State 28 Fort Lauderdale, FL 33301	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 34209 Country 25 USA	Zip 29 33301 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

Wayne Matthews
Manatee Medical Laboratories, Inc.
2902 - 59th Street West, Suite Q
Bradenton, Florida 34209

10. Name and Address of New Registered Agent

81 Name: Joseph C. Wasch
82 Street Address (P.O. Box Number is Not Acceptable): 888 East Las Olas Boulevard, 3rd Floor
83: c/o Rx Medical Services Corp.
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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: Joseph C. Wasch — Joseph C. Wasch, VP & Secretary — April 17, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Michael L. Goldberg, Chairman c/o Rx Medical Services Corp. 888 East Las Olas Blvd., 3rd Floor Fort Lauderdale, FL 33301 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Randolph H. Speer, President (Same as above) ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Donald J. Brumlik, EVP & Assistant Secretary (Same as above) ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Joseph C. Wasch, VP & Secretary (Same as above) ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Barbara Carabetta, AVP (Same as above) ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Steven B. Leadley, VP (Same as above) ☑ Change ☐ Addition

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)(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.

SIGNATURE: Joseph C. Wasch, VP & Secretary 04/17/95 (305) 462-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone number