FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J46769 (2)

1. Corporation Name
DADE DIAGNOSTIC CENTER, INC.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 SOUTHEAST 2ND STREET, #3000~~ ~~MIAMI FL 33131~~ ~~US~~ C/O KUTELL	~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 SOUTHEAST 2ND STREET, #3000~~ ~~MIAMI FL 33131~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1986	3a. Date of Last Report: 04/18/1994
2. Principal Place of Business 21: 5825 Collins Ave	2a. Mailing Address: C/O KUTELL 26: 5825 Collins Ave.
Suite, Apt. #, etc. 22: 11 F	Suite, Apt. #, etc. 27: 11 F
City & State 23: Miami Beach	City & State 28: Miami Beach FL 33140
Zip / Country 24: FLA / 25: DADE	Zip / Country 29: 33140 / 30: U.S.
4. FEI Number: 59-2751977	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~FLORIDA REGISTERED AGENTS INC~~
~~100 SOUTHEAST 2ND STREET~~
~~#3000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
83: Suite 1600
84 City: Miami FL 85 Zip Code: 33133

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 duties and responsibilities of A Z REGISTERED AGENT CORPORATION

SIGNATURE: By: Justin T. Wilson Justin T. Wilson, Secretary — 4/24/95
(Signature of registered agent required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DR.	11 TITLE	☐ Change ☐ Addition
NAME	KUTELL, MICHAEL A.	12 NAME	
STREET ADDRESS	5825 COLLINS AVE APT 11F	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33140	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(k), 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 the 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: Michael A. Kutell — 4/26/95 — 535-9955
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael A. KUTELL, Pres.

0127493 CP