FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # K08372 (0)

1. Corporation Name
AMERICAN CLINICAL LABS, INC.

Principal Place of Business
10002 PRINCESS PALM AVE.
STE 304
TAMPA FL 33619
US

Mailing Address
10002 PRINCESS PALM AVE.
#304
TAMPA FL 33619
US

3. Date Incorporated or Qualified: 12/22/1987
3a. Date of Last Report: 06/15/1995

2. Principal Place of Business
21 **1509 S. Florida Ave, Suite 3**
22 Suite, Apt. #, etc.
23 City & State: **Lakeland, FL 33803**
24 Zip
25 Country: **USA**

2a. Mailing Address
26 **1509 S. Florida Avenue**
27 Suite, Apt. #, etc.: **Suite 3**
28 City & State: **Lakeland, FL**
29 Zip: **33803**
30 Country: **USA**

4. FEI Number: 59-2920885 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ROSS, JEREMY P.
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [ ] DELETE	1.1 TITLE	[X] Change [ ] Addition
NAME	KENNEDY, JAMES L.	1.2 NAME	
STREET ADDRESS	~~10002 PRINCESS PALM AVE, SUITE 304~~	1.3 STREET ADDRESS	1509 S. Florida Ave., Suite 3
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	D [ ] DELETE	2.1 TITLE	[X] Change [ ] Addition
NAME	HOWE, DAVID B.	2.2 NAME	
STREET ADDRESS	~~10002 PRINCESS PALM AVE., SUITE 304~~	2.3 STREET ADDRESS	1509 S. Florida Ave., Suite 3
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	CP [ ] DELETE	3.1 TITLE	[X] Change [ ] Addition
NAME	DIAMOND, D JERRY	3.2 NAME	
STREET ADDRESS	~~10002 PRINCESS PALM AVE STE 304~~	3.3 STREET ADDRESS	1509 S. Florida Ave., Suite 3
CITY-ST-ZIP	~~TAMPA FL~~	3.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	V [ ] DELETE	4.1 TITLE	[X] Change [ ] Addition
NAME	MASTROPIETRO, DONALD R	4.2 NAME	
STREET ADDRESS	~~10002 PRINCESS PALM AVE STE 304~~	4.3 STREET ADDRESS	1509 S. Florida Ave., Suite 3
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	S [ ] DELETE	5.1 TITLE	[X] Change [ ] Addition
NAME	FANNIN, TERESA B	5.2 NAME	
STREET ADDRESS	~~10002 PRINCESS PALM AVE STE 304~~	5.3 STREET ADDRESS	1509 S. Flroida Ave., Suite 3
CITY-ST-ZIP	~~TAMPA FL~~	5.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Teresa B. Fannin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Teresa B. Fannin, Secretary

4/26/96 (Date)
(941) 688-4666 (Daytime Phone #)

CR2E034 (12/95)