

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K08372

(0)

1. Corporation Name

AMERICAN CLINICAL LABS, INC.

Principal Place of Business

1509 S FLORIDA AVENUE  
SUITE 3  
LAKELAND FL 33803  
US

Mailing Address

1509 S FLORIDA AVE  
SUITE 3  
LAKELAND FL 33803-2293  
US

3. Date Incorporated or Qualified  
12/22/1987

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2920885

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fees 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME KENNEDY, JAMES L.  
STREET ADDRESS 1509 S FLORIDA AVENUE, SUITE 3  
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME HOWE, DAVID B.  
STREET ADDRESS 1509 S FLORIDA AVENUE, SUITE 3  
CITY-ST-ZIP LAKELAND FL

TITLE CP ☐ DELETE

NAME DIAMOND, D JERRY  
STREET ADDRESS 1509 S FLORIDA AVENUE, SUITE 3  
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ DELETE

NAME MASTROPIETRO, DONALD R  
STREET ADDRESS 1509 S FLORIDA AVENUE, SUITE 3  
CITY-ST-ZIP LAKELAND FL

TITLE S ☐ DELETE

NAME FANNIN, TERESA B  
STREET ADDRESS 1509 S FLORIDA AVENUE, SUITE 3  
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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

James B. Fannin, Jr. (Fannin) 4/15/97 211/188-11/11

CR2E034 (9/96)