

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90007 012 ***150.00

DOCUMENT # K09701

1. Corporation Name

LABORATORY MANAGEMENT SERVICES, INC.

Principal Place of Business

C/O MICHAEL H. FRONSTIN
565 MEMORIAL CR
ORMOND BEACH FL 32174
US

Mailing Address

C/O MICHAEL H. FRONSTIN
565 MEMORIAL CR
ORMOND BEACH FL 32174
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1988

4. FEI Number

59-2863708

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FRONSTIN, MICHAEL H
1134 CRYSTAL DRIVE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name FRONSTIN MICHAEL H

82 Street Address (P.O. Box Number is Not Acceptable)

104 ST. EDWARDS PL.

83

84 City PALM BEACH GARDENS

FL

85 Zip Code 33418

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FRONSTIN, MICHAEL H.

STREET ADDRESS 1134 CRYSTAL DRIVE

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE

NAME PEPUS, MARTIN

STREET ADDRESS 2553 N ATLANTIC AVE STE 261

CITY-ST-ZIP DAYTONA BCH FL

TITLE D ☐ DELETE

NAME DOUGLASS, WILLIAM P

STREET ADDRESS 910 JOHN ANDERSON DRIVE

CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME 104 ST. EDWARDS PL

1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32118

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

32176

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

561-681-4290

Daytime Phone #

CR2E034 (11/98)