

FILED

May 06 1998 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # K34676 (2)
Corporation Name
DIAGNOSTIC CYTOPATHOLOGY LABORATORY, INC.Principal Place of Business
C/O THOMAS C. WALSER
7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433Mailing Address
C/O THOMAS C. WALSER
7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

09/27/1988

FEI Number

65-0086492

Applied For

Not Applicable

Certificate of Status Desired

\$8.75 Additional
Fee RequiredElection Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to FeesThis corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Name and Address of Current Registered Agent

WALSER, THOMAS C.
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433

81 Name

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

83

84 City

FL

85 Zip Code

1. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME DP
STREET ADDRESS SANTAELLA, IDALIA
CITY-ST-ZIP 17792 FIELDBROOK CIR WEST
BOCA RATON FLTITLE ☐ DELETENAME S
STREET ADDRESS APORETELA, ESTRELLA
CITY-ST-ZIP C/O 17792 FIELDBROOK CIR W
BOCA RATON FLTITLE ☐ DELETENAME VP
STREET ADDRESS BACALLAO, ELVIA
CITY-ST-ZIP C/O 17792 FIELDBROOK CIR WEST
BOCA RATON FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ALL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002517545

-05/08/98--01101--022

***150.00

I 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.

IDALIA SANTAELLA

CR2E034 (10-97)