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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 COCHMENT # MAGG

101

Principa! Place of Business	Mailing Address
1938 PRIMROSE LANE	1938 PRIMROSE LANE
WELLINGTON FL 33414	WELLINGTON FL 33414-8683

FILED Apr 15 1997 8:00am Secretary of State

1. Corporation Name FORENSIC TOXICOLOGY CONSULTA Principal Place of Business 1938 PRIMROSE LANE WELLINGTON FL 33414		Mailing Ad	Mailing Address 1938 PRIMROSE LANE WELLINGTON FL 33414-8683						
						3. Date Incorporated or Qualified 11/02/1988		ate of Last R 22/1996	leport
· ·	Place of Business	2a, Mailing	Address	··········· ·	······································	4. FEI Number		Ar	oplied For
21	# _(.	26	Ani il nin			65-0113855			ot Applicable
Suite, Apt	#, e _{[C} .	27 Suite, 7	Apt. #, etc.			5. Certificate of Status Desired		38.73 / Fee Re	Additional equired
City & Sta	ite	City &	State			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution			to Fees
Z ip	Country	Zip		Coun	lry	8. This corporation has liability to			199.032
24	[25]	29		30		Florida Statutes 10. Name and Address of New R	Yes [
^_	 Name and Address of RROLL, F. THOMAS 	Current Registered A	gent		1 Name	10. Name and Address of New H	ediare.ed	Agent	
	38 PRIMROSE LN			1	0 0 0	7500			
	LLINGTON FL 33414			[*	Street Add	dress (P.O. Box Number is Not Accepte	abie)		
				6	3				
				ي ا	4 City			85 Zip (Code
					1		<u> </u>	. 1 1	
office or agent. L	registered agent, or both, in that me accept the am familiar with, and accept the	ne State of Florida Such ne obligations of Section	s, Florida Statu h change was on 607.0505, F	ites, the abo authorized Torida Statut	ove-named cor by the corpora les.	propration submits this statement for the ation's board of directors. I hereby acc	purpose of ept the app	changing no	registered
office or agent. I: SIGNATURE	Signature, typed or printed name of reg		ole (NO			orporation submits this statement for the ration's board of directors. I hereby acc pured when reinstating. ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. THILE	Signature, typed or printed name of region OFFICE	stered agent and title if applicat		TE Registered /	Agent signature requ	guired when reinstaling)	DATE		RS IN 12
SIGNATURE 12. THE NAME	Signature: typed or printed name of region of FFICE P CARROLL, F. THOMAS	stered agent and title if applicat	ole (NO	13. 1.1 TITL 1.2 NAM	Agent signature requ E	guired when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	Signature: typind or printed name of region of FFICE P CARROLL, F. THOMAS 1938 PRIMROSE LN	stered agent and title if applicat	ole (NO	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature requ	guired when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP	Signature: typed or printed name of reg- OFFICE P CARROLL, F. THOMAS 1938 PRIMROSE LN WELLINGTON FL	stered agent and title if applicat	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	Agent signature requ E IE EET ADDRESS - ST-ZIP	guired when reinstaling)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Signature: typed or printed name of reg OFFICE P CARROLL, F. THOMAS 1938 PRIMROSE LN WELLINGTON FL VT	stered agent and title if applicat	ole (NO	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CIPY 2.1 TITL	Agent signature requires	guired when reinstaling)	DATE	DIRECTOR	RS IN 12 Addition
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SIGNATURE 12. 171.F NAME STREET ADDRESS STREET ADDRESS	Signature, typind or printed name of region of the CARROLL, F. THOMAS 1938 PRIMROSE LN WELLINGTON FL VT	stered agent and title if applicat	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CIPY 2.1 TITL 2.2 NAM 2.3 STRI	Agent signature requires	guired when reinstaling)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THLE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME	Signature, typical or printed name of region of FICE P CARROLL, F. THOMAS 1938 PRIMROSE LN WELLINGTON FL VT NEWCOMER, DIANA L 1938 PRIMROSE LANE	stered agent and title if applicat	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CIPY 2.1 TITL 2.2 NAM 2.3 STRI	Agent signature rect E E E EET ADDRESS - ST-ZIP E EET ADDRESS (- ST-ZIP	guired when reinstaling)	DATE	DIRECTOR Change	RS IN 12 Addition
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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 of changed, or go an attachment with an address.