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
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # L03570 (3)

1. Corporation Name

ALL DADE DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
C/O HENRY I. SMYLER 8000 SW 67 AVE. MIAMI FL 33143	C/O HENRY I. SMYLER 8000 SW 67 AVE. MIAMI FL 33143

3. Date Incorporated or Qualified: 07/21/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 8000 SW 67th AVE
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33143 25 Country

2a. Mailing Address
26 C/O THEODORE J. SILVER
27 Suite, Apt. #, etc.: 9445 BIRD ROAD
28 City & State: MIAMI FL
29 Zip: 33165 30 Country

4. FEI Number: 65-0130856 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMYLER, HENRY I.
9200 SOUTH DADELAND BLVD. SUITE 520
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: SILVER, THEODORE J.
82 Street Address (P.O. Box Number is Not Acceptable): 9445 BIRD ROAD
83 2nd FLOOR
84 City: MIAMI FL 85 Zip Code: 33165

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: Theodore J. Silver — Theodore J. Silver — 6/20/96
Signature typed or printed name of registered agent and the appropriate capacity. NOTE: Registered Agent signature required when mailing. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLATE, SHARON		1.2 NAME	
STREET ADDRESS	9200 S. DADELAND BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	P.D ☒ Change ☐ Addition
NAME	BURAK, BARRY N.		2.2 NAME	BURAK, BARRY N.
STREET ADDRESS	8000 SW 67 AVE.		2.3 STREET ADDRESS	8000 SW 67 AVE
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	700001864367
STREET ADDRESS			5.3 STREET ADDRESS	-06/18/96--01008--024
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	6-17-96
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: [signature] — 5/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)