
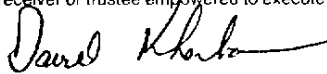


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

✓P

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 MAY -8 PM 5:00 SECRETARY OF STATE	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000566		1a. Principal Place of Business Address	
IBT CLINICAL LABS LIMITED COMPANY 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021				5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021	
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/02/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		OH	
Country		Country		4. FEI Number	
				65-0779711	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				05/14/1998	
				6. Certificate of Status Desired	
				\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name	
				Street Address (P.O. Box Number Is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				Zip Code	
				FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KELLER, ROBERT H M.D.	5821 HOLLYWOOD BOULEVARD		HOLLYWOOD FL	
MGR	PATRICK, CATHERINE W P	5821 HOLLYWOOD BOULEVARD		HOLLYWOOD FL	
MGR	KIRCHENBAUM, DAVID W	5821 HOLLYWOOD BOULEVARD		HOLLYWOOD FL	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					