2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					FILED			
DOCUMENT # N11527								
1. Entity Nam LAMBDA	DADE, INC.	•			04 SEP 10			
				TEST	SECRETARY TALLAHASSEI	OF STATE F. FLORIDA		
Principal Plac 212 NE 24TI MIAMI, FL 3	H ST., SECOND FL	Mailing Address 212 NE 24TH ST., SECO MIAMI, FL 33137	NE 24TH ST., SECOND FL		JALLMINOO	•••		
,	·							
Principal Place of Business A. Mailing Address						. 33 3 3 3 3 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08232004 Chg-NP	CR2E037 (10/03)	01	
City & State		City & State		4	4. FEI Number 59-2617508	 + ' '	olied For Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
STEVEN K. BAIRD, P.A.				Street Address (P.O. Box Number is Not Acceptable)				
. 5981 NE 6TH AVE. MIAMI, FL 33137			Silber	Silect Address (F.O. DOX Namber is Not Acceptable)				
<u> </u>	:		City			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
the obligations of registered agent. 10041132791 09/17/0401086022 ***69.90								
SIGNATURE .	Signature, typed or printed name of registered agent ar	and title if applicable. (NOTE	: Registered Agent signal	ure required wh	nen reinstatling)	DATE		
, Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to								
Dı	ue by September 8, 2004	- Trust Fund C	ontribution.	∐ A	dded to Fees Fi	lorida Department of Sta	3,.	
10.	PD * OFFICERS AND DIR	ECTORS Delete	11.	PD	DITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN Change	Addition	
TITLÉ: NAMÉ	ALVAREZ, ALEX	L. Delete	NAME	l ia - (3).	uAY, JOE	. —		
STREET ADDRESS	212 NE 24TH ST., 2ND FL	•	STREET ADDRESS	212N	IE X4TH ST., Z	NOFL		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	MIAM	11 FL 33137	☐ Change	Addition	
TITLE NAME	TD WELLS, JEFFREY	☐ Delete	TITLE NAME	Wells	s, Jeffrey	Ghange	L ACCIDION	
STREET ADDRESS	212 NE 24TH ST., 2ND FL		STREET ADDRESS		,			
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	1/5		TI About	☐ Addition	
P TITLE NAME -	THOMPSON, REX	☐ Delete	TITLE S ~ NAME	Powe	II. Blake	- And the second	~	
STREET ADDRESS	212 NE 24TH ST., 2ND FL		STREET ADDRESS		,			
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	<u></u>		Change	☐ Addition	
TITLE NAME	SD QUINCY, SUZANNE	☐ Delete	TITLE NAME	SD	w, Bob	Change	☐ Addition	
> STREET ADDRESS	212 NE 24TH ST., 2ND FL		STREET ADDRESS		,			
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	D			☐ Addition	
, TITLE > NAME	D 9 WILLDEN, NYE	☐ Delete	TITLE NAME	OUN	CY, SUZANKE	□ Change	L.J Addition	
STREET ADDRESS	212 NE 24TH ST., 2ND FL		STREET ADDRESS		-,,	,		
CITY-ST-ZIP_	MIAMI, FL 33137	<u> </u>	CITY-ST-ZIP				- tadiilar	
TITLE NAME	D HERNANDEZ, IVAN	☐ Delete .	NAME	MET	12, RICHARS	Change ☐	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	212 NE 24TH ST;; 2ND FL; +- +-	கை இவர்கள் இத்திக்கில் வி	STREET ADDRESS	-	· "·	-		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
0/05/00/05/00/05/00/05/00/05/00/05/00/05/00/05/05								
SIGNATURE: SIGNATURE NO TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR DO Dayline Phone #								