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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03450

(4)

1. Corporation Name

DOCTORS LABORATORY, INC.

Principal Place of Business

2906 JULIA DR  
P.O. BOX 2658  
VALDOSTA GA 31604-2658

Mailing Address

2906 JULIA DR  
P.O. BOX 2658  
VALDOSTA GA 31604-2658



3. Date Incorporated or Qualified

09/21/1984

3a. Date of Last Report

04/02/1996

4. FEI Number

58-1088326

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

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, DR. BYRON S.	
STREET ADDRESS	2906 JULIA DR	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOMM, DR. ALBERT	
STREET ADDRESS	2906 JULIA DR	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COURSON, A LAMAR	
STREET ADDRESS	2906 JULIA DR	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELSON, SUSAN W DR	
STREET ADDRESS	2906 JULIA DR	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSELY, THOMAS H, JR DR	
STREET ADDRESS	2841 N PATTERSON ST	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	TOMBERLI, THOMAS F	
STREET ADDRESS	2906 JULIA DR	
CITY-ST-ZIP	VALDOSTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Tomberlin, Thomas F.
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Thomas F. Tomberlin* *Thomas F. Tomberlin* 4/15/97 912-244-4468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0013600

CR2E034 (9/96)