

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1984

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DAVIS, DR. BYRON S.
STREET ADDRESS 2906 JULIA DR
CITY-ST-ZIP VALDOSTA GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME DOMM, DR. ALBERT
STREET ADDRESS 2906 JULIA DR
CITY-ST-ZIP VALDOSTA GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME COURSON, A LAMAR
STREET ADDRESS 2906 JULIA DR
CITY-ST-ZIP VALDOSTA GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BELSON, SUSAN W DR
STREET ADDRESS 2906 JULIA DR
CITY-ST-ZIP VALDOSTA GA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MOSELY, THOMAS H, JR DR
STREET ADDRESS 2841 N PATTERSON ST
CITY-ST-ZIP VALDOSTA GA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE C
NAME TOMBERLIN, THOMAS F
STREET ADDRESS 2906 JULIA DR
CITY-ST-ZIP VALDOSTA GA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 7/29/98 on 2906 JULIA DR

CR2E034 (5/98)

Pathologists:

BYRON S. DAVIS, M.D.
ALBERT C. DOMM, M.D.
SUSAN W. BELSON, M.D.
SUPRANEE DEE, M.D.
RONALD R. ZIMMERMAN, D.O.

DOCTORS LABORATORY, INC.

CORPORATE OFFICE
2906 JULIA DRIVE
P. O. BOX 2658
VALDOSTA, GEORGIA 31604
(912) 244-4468

2
BYRON S. DAVIS, M.D.
Laboratory Director

LAMAR COURSON, SC (ASCP)
Director of Operations

BRANCH FACILITIES:

- Georgia -

Doctors Laboratory of Albany
Colony Office Center, Suite 3
Albany, Georgia 31701
(912) 432-5628

Doctors Laboratory of Brunswick
3400-B Parkwood Drive
Brunswick, Georgia 31520
(912) 267-1287

Doctors Laboratory of Columbus
951 Talbotton Road, Suite E
Columbus, Georgia 31904
(404) 576-6884

Doctors Laboratory of Kingland
Kings Bay Medical Diagnostic Ctr.
Suite 102, 63 North Cross Rd.
Kingland, Georgia 31548
(912) 729-6852

Doctors Laboratory of Macon
1200 Riverside Drive, Suites F & G
Macon, Georgia 31201
(912) 745-6801

Doctors Laboratory of Savannah
4920 Paulsen Street, Suite 204
Savannah, Georgia 31405
(912) 352-7105

Doctors Laboratory of St. Simons
2483 Demere Road, Suite 101-B
St. Simons Island, Georgia 31522
(912) 636-1286

Doctors Laboratory of Tifton
1821 Old Ocilla Road, Suite B
Tifton, Georgia 31794
(912) 386-0799

Doctors Laboratory of Vidalia
304 Arlington Drive
Vidalia, Georgia 30474
(912) 537-9831

Doctors Laboratory of Waycross
2003B Alice Street
Waycross, Georgia 31501
(912) 283-2360

- Florida -

Doctors Laboratory of Gainesville
3601 S.W. Second Avenue, Suite P
Gainesville, Florida 32607
(904) 373-3393

Doctors Laboratory of Ocala
150 S.E. 17th Street, Suite 702
Ocala, Florida 34471
(904) 732-7584

Doctors Laboratory of Jacksonville
1456 Kingsley Avenue, Ste. E
Orange Park, Florida 32073
(904) 269-6611

July 29, 1998

Secretary of State
State of Florida
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is our corporate registration of 1998 and our check # 20229 dated July 29, 1998 in the amount of \$150.00. We just recently received the second notice indicating that there is a penalty of \$400.00 being assessed. We have always filed our registration in late March or early April. We do not have a record of previously receiving the registration for 1998. We would therefore ask that the penalty be waived.

Sincerely,

Thomas F. Tomberlin
Thomas F. Tomberlin
Controller