

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

96 APR -5 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000029570 (7)

1. Corporation Name

GLOBAL MEDICAL LABORATORIES CORP.

Principal Place of Business

1401 BRICKELL AVE.  
#700  
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVE.  
#700  
MIAMI FL 33131

2. Principal Place of Business

21 551 W. 51 Place

Suite, Apt. #, etc.

22

City & State

23 Hialeah, FL

Zip

24 33012

Country

25 US

2a. Mailing Address

26 551 W. 51 Place

Suite, Apt. #, etc.

27

City & State

28 Hialeah, FL

Zip

29 33012

Country

30 US

3. Date Incorporated or Qualified  
04/22/1993

3a. Date of Last Report  
08/10/1995

4. FEI Number

65-0404524

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

10. Name and Address of New Registered Agent

81 Name

JESUS E. VILORIA

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

10531 NW 11 COURT

83

84 City

PLANTATION

FL

85 Zip Code

33322

VILORIA, JESUS E.  
10531 NW 11TH COURT  
PLANTATION FL 33322

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation and of the registered agent and of the applicant.

(NOTE: Registered Agent's signature required when registering.)

DATE

3/26/96

12. OFFICERS AND DIRECTORS

TITLE DPST ☒ DELETE  
NAME BETANCOURT, MARCO JR  
STREET ADDRESS 551 W. 51ST ST.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☒ DELETE  
NAME BETANCOURT, MONICA  
STREET ADDRESS 551 W. 51 ST.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE VP ☒ DELETE  
NAME VILORIA, JESUS E  
STREET ADDRESS 10531 NW 11TH COURT  
CITY-ST-ZIP PLATATION F; 33322

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 person 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

(305) 819-9797

(Day)

Daytime Phone #

CR2E034 (12/95)