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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

APPROVED AND FILED

10	996	DIVISION OF CO	RPORATIONS	96 APK ~ 5 AF	111:31	
DOCUMENT # P93000029570 (7)				SECRETARY OF STATE TALLAHASSEE. FLORIDA		
	. MEDICAL LABORATORIES	S CORP.				
GLODAL	MEDICAL ENDOTATIONE					
Principal Place of	f Business	Mailing Address				
1401 BRICKELL AVE: #700 MIAMI FL 33131		**************************************				
		MIAMI FL 39131		3. Date Incorporated or Qualified	3a. Date of Last Report	
				04/22/1993	08/10/1995	
2. Principa Plac	e of Business	2a. Mailing Address	01	4. FEI Number	Applied For	
21 551	W, SIPlace	26551W,	SIPlac	<i>Q</i> 65-0404524	Not Applicable  \$8.75 Additional	
Suite, Apt. #,	etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	Fee Required	
City 18 State		27 City & State A		6. Election Campaign Financing	\$5.00 May Be	
Gityl & State	leah te	28 taleat	11/2	Trust Fund Contribution	Added to Fees	
Z <sub>ID</sub>	Country	70	Country	This corporation has liability for Florida Statutes	intangible tax under si 199.032, si No	
24 336	9. Name and Address of Current		$\omega = \omega = \omega$	10. Name and Address of New		
	9. Name and Address of Content	negistered Agont	81 Name			
VILORIA, JESUS E. 82 Street Addre				JESUS E VILORIA Idress (P.O. Box Number is Not Accepta	ble)	
10531 NW 11TH COURT				10531 NW 11 COURT		
PLANTA	TION FL 33322		83			
			84 City		FL 85 Zip Code 333322	
			the above period com	PLANTATION	urpose of changing its registered office	
11. Pursuant to or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Floric	and 607,1508, Florida Statutes a. Such change was authorized	by the corporation's b	poration submits this statement for the p oard of directors. I hereby accept the ap	pointment as registered agent. I am	
familiar with	i, and accept the obligations of, Secti	on 607,0505, Florida Statutes.			3/26/96.	
SIGNATURE	agnative tylest or priced hard of particular and lagrant	and the dapplear e (501)	Registe of Agents produce our	med when religion ing	DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition	
TITLE	DPST	<b>⊠</b> DEL€1E	1, 1 TITLE	DPT	CATE  FICERS AND DIRECTORS IN 12  Change Add-tion  RINO	
NAME	BETANCOURT, MARCO JR 551 W. 51ST ST.		1.2 NAME 1.3 STREET ADDRESS	HUMBERTO B. VILA	RINO	
STREET ADDRESS	HIALEAH FL 33012		14 Chiy-ST-ZIP	551 W. 51 Place	Hialeah, FL 33012	
CITY-ST-ZIF TITLE	D	X DELETE	2 1 TITLE	V₹DS	Change	
NAME	BETANCOURT, MONICA	<b></b> -	2.2 NAME	JESUS E. VILORIA		
STREET ADDRESS	551 W. 51 ST.		2.3 STREET ADDRESS	10531 NW 11 COUR		
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY - ST - ZIP		Change Adatia 32	
TITLE	VP	<b>K</b> ) DELETE	3 1 10.5		Charge 7 Advices	
NAME	VILORIA, JESUS E		3 2 NAME			
STREET ADDRESS	10531 NW 11TH COURT PLATATION F; 33322		3.3 STREET ADDRESS 3.4 CITY - ST- ZIP			
CITY - ST - ZIP	PLAININI 1, 300EC	DELETE	4 1 Till (	* •	Change Addition	
TITLE NAME		<u>J</u> .	4.2 NAME	-na.	11580 1 (170851)	
STREET ADDRESS			4.3 STREET ADDRESS	*************************************	10001770921 105/9601035002 1*208.75 *****208.75	
CITY - ST - ZIP			4 4 C:TY - ST - Z-P			
TOLE		DELETE	5 Y TIÌLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADORESS		1.0	
CITY-ST-ZIP		☐ DELETE	5.4 C:1Y - ST - ZIP 6 1 TITLE		Change Addition	
TITLE		<u> </u>	6.2 NAME		JY (UNS	
NAMÉ	1				VI ' 11 /	

6.3 STREET ADDRESS

6 4 CHY - \$1 - ZIF

SIGNATURE:

14. I do hereby certify that the information supplied with this filing is certify that the information indicated on this arright report of structure, that I am an officer or director of the chapter or the papears in Block 12 or Block 13 if changed pright an attack price.

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

y turnisme) and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further all armual report is true and accurate and that my signature shall have the same legal effect as if made under trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

3/26/96 (305) 819-9797