FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036809 (0)

1. Corporation Name
WISSING AND ASSOCIATES, INC.

Principal Place of Business:
5204 BONAIRRE BLVD.
ORLANDO FL 32812

Mailing Address:
5204 BONAIRRE BLVD.
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3181656 — 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 is eligible for the exemption in Section 119.07(3), Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent
WISSING, RONALD L
5204 BONAIRRE BLVD.
ORLANDO FL 32812

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WISSING, RONALD L
STREET ADDRESS	5204 BONAIRRE BLVD.
CITY-ST-ZIP	ORLANDO FL 32812

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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 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: [signature] RONALD L WISSING 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DIRECTOR PRESIDENT

0060180 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000037360 (3)

1. Corporate Name

CONSULAB DRUG TESTING CORPORATION

Principal Place of Business: 20 ISLAND AVENUE, STE. 1118, MIAMI FL 33139

Mailing Address: 20 ISLAND AVENUE, STE. 1118, MIAMI FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1993

3a. Date of Last Report: 05/26/1994

4. FEI Number: APPLIED FOR 65-0524688 — 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. 199.052, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 10661 S. W. 88th St., Suite 112, Miami, Fl. 33176, County: Dade

2a. Mailing Address: 10661 S. W. 88th St., Suite 112, Miami, Fl. 33176, County: Dade

9. Name and Address of Current Registered Agent

FRANTZ, JEFFREY W ESQ.
12550 BISCAYNE BLVD.
STE. 406
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

Name: Patricia Seckinger
Street Address (P.O. Box Number is Not Acceptable): 10661 S. W. 88th St.
Miami, Fl.
City: Miami FL Zip Code: 33176

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: Patricia Seckinger (signature) 5-1-95

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	ROBERT E. SUSSMAN
STREET ADDRESS	20 ISLAND AVE 118
CITY-ST-ZIP	MIAMI BCH,FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P/SD	☒ Change ☐ Addition
1 NAME	Daniel Seckinger	
1 STREET ADDRESS	10661 S. W. 88th St. Suite 112	
1 CITY-ST-ZIP	Miami, Fl. 33176	
2 TITLE	VP	☒ Change ☐ Addition
2 NAME	Delmiro Vazquez	
2 STREET ADDRESS	4915 S. W. 92nd Ave.	
2 CITY-ST-ZIP	Miami, Fl. 33156	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: (signature) 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Delmiro Vazquez

0147036 CP