

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **P93000036809 (0)**

95 MAY -1 PM 2: 01

1. Registered Agent

**WISSING AND ASSOCIATES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office (Mailing)  
**5204 BONAIRRE BLVD.  
ORLANDO FL 32812**

2a. 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**

7. Does corporation have liability for negligence under the Florida Statutes ☒ Yes ☐ No

2. Principal Office (Mailing)

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISSING, RONALD L  
5204 BONAIRRE BLVD.  
ORLANDO FL 32812**

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 607.01(2) and 607.01(3) of the 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 607.01(3) of the Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer

Signature of Registered Agent or Director or Officer

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

|                      |                            |
|----------------------|----------------------------|
| 12.1 NAME            | <b>D</b>                   |
| 12.2 NAME            | <b>WISSING, RONALD L</b>   |
| 12.3 STREET ADDRESS  | <b>5204 BONAIRRE BLVD.</b> |
| 12.4 CITY & STATE    | <b>ORLANDO FL 32812</b>    |
| 12.5 NAME            |                            |
| 12.6 NAME            |                            |
| 12.7 STREET ADDRESS  |                            |
| 12.8 CITY & STATE    |                            |
| 12.9 NAME            |                            |
| 12.10 NAME           |                            |
| 12.11 STREET ADDRESS |                            |
| 12.12 CITY & STATE   |                            |
| 12.13 NAME           |                            |
| 12.14 NAME           |                            |
| 12.15 STREET ADDRESS |                            |
| 12.16 CITY & STATE   |                            |
| 12.17 NAME           |                            |
| 12.18 NAME           |                            |
| 12.19 STREET ADDRESS |                            |
| 12.20 CITY & STATE   |                            |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                   |
| 13.3 STREET ADDRESS  |                                                                   |
| 13.4 CITY & STATE    |                                                                   |
| 13.5 NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |                                                                   |
| 13.7 STREET ADDRESS  |                                                                   |
| 13.8 CITY & STATE    |                                                                   |
| 13.9 NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |                                                                   |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY & STATE   |                                                                   |
| 13.13 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |                                                                   |
| 13.15 STREET ADDRESS |                                                                   |
| 13.16 CITY & STATE   |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct 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 secretary or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as requested or as an addendum with an address.

SIGNATURE:

*Ronald L. Wissing*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD L. WISSING** 4/29/95  
**DIRECTOR PRESIDENT**

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

CORPORATION  
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

January 6, 1995

January 7, 1995

January 10, 1995

DOCUMENT # **P93000037360 (3)**

**CONSULAB DRUG TESTING CORPORATION**

Principal Place of Business

Mailings Address

20 ISLAND AVENUE  
STE. 1118  
MIAMI FL 33139

20 ISLAND AVENUE  
STE. 1118  
MIAMI FL 33139

FOR POST OFFICE IN THIS SPACE

|                                                                                                                                                             |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date incorporated in State of Florida<br><b>05/21/1993</b>                                                                                               | 3a. Date of Last Report<br><b>05/26/1994</b>                                       |
| 4. FIC Number<br><b>APPLIED FOR 65-0524688</b>                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                 |
| 8. This corporation has liability for a delinquent tax return under Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                    |

|                                                                                                                                      |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. <b>10661 S. W. 88th St.</b><br>Suite Apt # <b>112</b><br>City & State<br>23. <b>Miami, Fl.</b> | 2a. Mailing Address<br>26. <b>10661 S. W. 88th St.</b><br>Suite Apt # <b>112</b><br>City & State<br>28. <b>Miami, Fl.</b> |
| 24. <b>33176</b>                                                                                                                     | 25. <b>Dade</b>                                                                                                           |
| 29. <b>33176</b>                                                                                                                     | 30. <b>Dade</b>                                                                                                           |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

|                                                                                       |
|---------------------------------------------------------------------------------------|
| 81. Name<br><b>Patricia Seckinger</b>                                                 |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>10661 S. W. 88th St.</b> |
| 83. City<br><b>Miami, Fl.</b>                                                         |
| 84. City<br><b>Miami</b>                                                              |
| FL 85. Zip Code<br><b>33176</b>                                                       |

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a new location 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 a resident of the State of Florida.

SIGNATURE

*Patricia Seckinger*

S-1-95

|                                                                              |                                                                                           |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                   | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                                          |
| NAME<br>P/D<br>ROBERT E. SUSSMAN<br>20 ISLAND AVE 118<br>MIAMI BCH, FL 33139 | 1. NAME<br>P/SD<br>Daniel Seckinger<br>10661 S. W. 88th St. Suite 112<br>Miami, Fl. 33176 |
| NAME<br>VP<br>Delmiro Vazquez<br>4915 S. W. 92nd Ave.<br>Miami, Fl. 33156    | 2. NAME<br>VP<br>Delmiro Vazquez<br>4915 S. W. 92nd Ave.<br>Miami, Fl. 33156              |
| NAME<br>DIRECTOR                                                             | 3. NAME<br>DIRECTOR                                                                       |
| NAME<br>DIRECTOR                                                             | 4. NAME<br>DIRECTOR                                                                       |
| NAME<br>DIRECTOR                                                             | 5. NAME<br>DIRECTOR                                                                       |
| NAME<br>DIRECTOR                                                             | 6. NAME<br>DIRECTOR                                                                       |
| NAME<br>DIRECTOR                                                             | 7. NAME<br>DIRECTOR                                                                       |
| NAME<br>DIRECTOR                                                             | 8. NAME<br>DIRECTOR                                                                       |
| NAME<br>DIRECTOR                                                             | 9. NAME<br>DIRECTOR                                                                       |
| NAME<br>DIRECTOR                                                             | 10. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 11. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 12. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 13. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 14. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 15. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 16. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 17. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 18. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 19. NAME<br>DIRECTOR                                                                      |
| NAME<br>DIRECTOR                                                             | 20. NAME<br>DIRECTOR                                                                      |

14. I, the undersigned, certify that this statement, required with this filing, is voluntarily furnished and that, not guilty for the corporation stated in this report. I further certify that this statement is required for the annual report or supplemental annual report, 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 recipient of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, of Block 1, of the report, as required by the statute with an address.

SIGNATURE:

*Delmiro Vazquez*

Delmiro Vazquez

SIGNATURE AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR