

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State



DOCUMENT # P94000001059

1. Entity Name
QUEST DIAGNOSTIC SERVICES, INC.

Principal Place of Business

**1703 NE 8TH AVE
OCALA, FL 34470**

Mailing Address

**1703 NE 8TH AVE
OCALA, FL 34470**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3209425

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**RIPLEY, GORDON
4090 S.E. 25TH TERRACE
OCALA, FL 34480**

**DO NOT WRITE
IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Connie Ripley **CONNIE RIPLEY
SECRETREAS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | RIPLEY, GORDON |
| STREET ADDRESS | 4090 SE 25TH TERRACE |
| CITY-ST-ZIP | OCALA, FL 34480 |
| TITLE | STD |
| NAME | RIPLEY, CONNIE |
| STREET ADDRESS | 4090 SE 25TH TERRACE |
| CITY-ST-ZIP | OCALA, FL 34480 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/21/06 80001-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Connie Ripley

1/30/06