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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	this filing does not qualify for the true and accurate and that my awared to execute this report as	e exemption sta signature shall t	lave the same legal e	fect as if made	under cath; that I	am an officer	or director	
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## MEDICAL LABORATORIES ASSOCIATES, INC. DOC.#P94000019517

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

SUZANNE BITTON PRESIDENT