

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000069890 (9)

1. Corporation Name
RELiance MEDICAL LABORATORIES, INC.

Principal Place of Business

14100 US HWY 19 N
SUITE 103
CLEARWATER FL 34624

Mailing Address

14100 US HWY 19 N
SUITE 103
CLEARWATER FL 34624-7203

2. Principal Place of Business

21 6304 Benjamin Rd.

Suite, Apt. #, etc.

22 Suite 510

City & State

23 Tampa, FL

Zip

24 33634

Country

25 USA

2a. Mailing Address

26 One Hook Road

Suite, Apt. #, etc.

27

City & State

28 Sharon Hill, PA

Zip

29 19079

Country

30 USA

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

09/25/1996

4. FEI Number

59-3266753

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. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MONTESAND, JOHN
14100 US HWY 19 N
SUITE 103
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

Damon Hyde

82 Street Address (P.O. Box Number is Not Acceptable)

2810 Parkland Blvd.

83

84 City

Tampa

FL

85 Zip Code
33609

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

[Signature]

Signature typed or printed (one of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTESANO, J
STREET ADDRESS 16709 NORWOOD DR
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Raymond A. Mirra, Jr.
1.3 STREET ADDRESS One Hook Road
1.4 CITY-ST-ZIP Sharon Hill, PA 19079

2.1 TITLE VP
2.2 NAME Kevin D. Stepanuk
2.3 STREET ADDRESS One Hook Road
2.4 CITY-ST-ZIP Sharon Hill, PA 19079

3.1 TITLE S
3.2 NAME John P. Mohnacs
3.3 STREET ADDRESS One Hook Road
3.4 CITY-ST-ZIP Sharon Hill, PA 19079

4.1 TITLE T
4.2 NAME Victor Battaglia
4.3 STREET ADDRESS One Hook Road
4.4 CITY-ST-ZIP Sharon Hill, PA 19079

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

Kevin D. Stepanuk 4/23/97 610-586-

FILED
May 06 1997 8:00am
Secretary of State



CR2E034 (9/96)