

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

6304 BENJAMIN ROAD
SUITE 110
TAMPA FL 33634
US

ONE HOOK ROAD
SHARON HILL PA 19079
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

4. FEI Number

59-3266753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYDE, DAMON
2810 PARKLAND BLVD.
TAMPA FL 33609

81 Name

Raymond A. Mirra, Jr.

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

2932 North Atlantic Blvd.

83

84 City

Ft. Lauderdale

FL

85 Zip Code
33308

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

Raymond A. Mirra, Jr.

Raymond A. Mirra, Jr.

4/20/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE

NAME STEPANUK, KEVIN D

STREET ADDRESS ONE HOOK ROAD

CITY-ST-ZIP SHARON HILL PA

TITLE S ☒ DELETE

NAME MOHNACS, JOHN P

STREET ADDRESS ONE HOOK ROAD

CITY-ST-ZIP SHARON HILL PA

TITLE T ☐ DELETE

NAME BATTAGLIA, VICTOR

STREET ADDRESS ONE HOOK ROAD

CITY-ST-ZIP SHARON HILL PA

TITLE PD ☐ DELETE

NAME MIRRA, RAYMOND A JR

STREET ADDRESS ONE HOOK ROAD

CITY-ST-ZIP SHARON HILL PA 19079

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

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14. I 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.

SIGNATURE

Raymond A. Mirra, Jr. 4/20/98 610-581-8511

CR2E034 (10/97)