FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087941 (8)**

1. Corporate Name

LABORATORY OF CLINICAL SERVICES, INC.

Principal Place of Business	Mailing Address
760 W. 75TH STREET HIALEAH FL 33014	760 W. 75TH STREET HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/05/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City, State — 23
Zip — 24 | County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City, State — 28
Zip — 29 | Country — 30

4. FEI Number: 65-0542219 ☐ 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 to intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEDO-SANCHEZ, GUSTAVO G
760 W. 75TH STREET
HIALEAH FL 33014

10. Name and Address of New Registered Agent

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 607.0502 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TYPE	PD	01 TYPE	☐ Change ☐ Addition
NAME	LEDO-SANCHEZ, GUSTAVO G	NAME	
STREET ADDRESS	760 W. 75TH STREET	STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33014	CITY ST ZIP	
02 TYPE	TD	02 TYPE	☐ Change ☐ Addition
NAME	LEDO, HILDA S	NAME	
STREET ADDRESS	760 W. 75TH STREET	STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33014	CITY ST ZIP	
03 TYPE		03 TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
04 TYPE		04 TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
05 TYPE		05 TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
06 TYPE		06 TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this filing is true and accurate, that my (our) signature(s) is (are) for the purpose authorized by Section 607.0502, 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: Gustavo G. Ledo Sanchez 4/28/95 (305) 444-6440

SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003811 CR