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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000029236 (3)

1. Corporation Name

CORAL GABLES REGIONAL LABORATORY, INC.



Principal Place of Business

401 MIRACLE MILE, STE. 109
CORAL GABLES FL 33134

Mailing Address

401 MIRACLE MILE, STE. 109
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
04/13/1995

3a. Date of Last Report
12/23/1996

2. Principal Place of Business

21 3233 Palm AVE Third FL
Suite, Apt. #, etc.

2a. Mailing Address

26 3233 Palm AVE Third FL
Suite, Apt. #, etc.

4. FEI Number

65-0576854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Hialeah, FL

City & State

28 Hialeah, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33012

Country

25 USA

Zip

29 33012

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARTZ, CRISTINA L
401 MIRACLE MILE
SUITE 109
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

3233 Palm AVE 3rd Floor

83

84 City

Hialeah

FL

85 Zip Code

33012

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

Cristina L. Schwartz, S.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BERCOSKY, ALBERT J
STREET ADDRESS 3700 N.W. 58TH AVENUE
CITY-ST-ZIP VIRGINIA GARDEN FL 33166

TITLE VPD ☐ DELETE

NAME SCHWARTZ, CHRISTINA L
STREET ADDRESS 8120 S.W. 62ND COURT
CITY-ST-ZIP MIAMI FL 33143

TITLE STD ☐ DELETE

NAME HARTMAN, JOSE S
STREET ADDRESS 5231 SW 4TH STREET
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Cristina L. Schwartz, S.P.

4/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012300

CR2E034 (9/96)