FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000032879 (5)

1. Corporation Name
ORLANDO MEDICAL LABORATORY, INC.

Principal Place of Business
~~3400 CORAL WAY~~
~~SUITE 600~~
~~MIAMI FL 33145~~

Mailing Address
3400 CORAL WAY
SUITE 600
MIAMI FL 33145

2. Principal Place of Business
21 2909 N. Orange Ave.
Suite, Apt #, etc.
22 107
City & State
23 Orlando , Florida
Zip 24 32804 Country 25 U.S.A.

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

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report:
4. FEI Number: 65-0576858 ☐ 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
~~DIAZ, JORGE ANDRES~~
~~3400 CORAL WAY~~
~~SUITE 601~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent
81 Name: VILLACIS, LUISA M.
82 Street Address (P.O. Box Number is Not Acceptable): 13232 S.W. 27th ST
83
84 City: MIAMI FL
85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: L. Mayra Villacis, President — DATE: 4-18-96

12. OFFICERS AND DIRECTORS

TITLE	~~PSD~~	☒ DELETE
NAME	~~DIAZ, FRANK~~	
STREET ADDRESS	~~3400 CORAL WAY, #600~~	
CITY-ST-ZIP	~~MIAMI FL 33145~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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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	PSD	☐ Change ☒ Addition
2.2 NAME	VILLACIS, LUISA M.	
2.3 STREET ADDRESS	13232 S.W. 27th ST	
2.4 CITY-ST-ZIP	MIAMI, FL.	
3.1 TITLE	VTD	☐ Change ☒ Addition
3.2 NAME	VILLACIS, JOSE R.	
3.3 STREET ADDRESS	13232 S.W. 27th ST	
3.4 CITY-ST-ZIP	MIAMI, FL.	
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	900001809929 -05/06/96--01099--004 ***208.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: L. Mayra Villacis — 4-18-96 — (305)446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #