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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000046377 (4)**

1. Corporation Name

LYNCH & SPITLER DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
4000 ST. JOHNS AVENUE SUITE 42 JACKSONVILLE FL 32205	4000 ST. JOHNS AVENUE SUITE 42 JACKSONVILLE FL 32205

2. Principal Place of Business	2a. Mailing Address
21 210 25th Ave N.	26 210 25th Ave. N.
Suite, Apt. #, etc. 22 Suite 1110	Suite, Apt. #, etc. 27 Suite 1110
City & State 23 Nashville, TN	City & State 28 Nashville, TN
Zip 24 37203 Country 25 USA	Zip 29 37203 Country 30 USA

3. Date Incorporated or Qualified: 06/14/1995

3a. Date of Last Report:

4. FEI Number: 59-3323127 ☐ 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

SPITLER, BURLEIGH K
4000 ST. JOHNS AVENUE
SUITE 42
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: Burleigh K. Spitler
82 Street Address (P.O. Box Number is Not Acceptable): 11457 SAN JOSE BLVD.
83 Suite 132
84 City: JACKSONVILLE FL 85 Zip: 32223

11. Pursuant to the provisions of Section 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: Burleigh K. Spitler — Burleigh K. Spitler — DATE: 2/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SPITLER, BURLEIGH K 4000 ST. JOHNS AVENUE, #42 JACKSONVILLE FL 32205 ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	PSD Burleigh K. Spitler 210 25th Ave. N. Suite 1110 Nashville, TN 37203 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LYNCH, GREGORY L 4000 ST. JOHNS AVENUE, #42 JACKSONVILLE FL 32205 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VTD Gregory L. Lynch 210 25th Ave N. Ste 1110 Nashville, TN 37203 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 with an asterisk or on an attached sheet with an address.

SIGNATURE: Burleigh K. Spitler — Burleigh K. Spitler — 2/22/96 — (615-320-8110

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