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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

950000 47782

UNIVERSAL CLINICAL LABORATORIES, INC.

Principal Place of Business Mailing Address							
187/	West Avenue						
	Beach, FL 33139						
	Deach, Th 33139					3. Date Incorporated or Qualified	3a. Date of Last Report
<u> </u>						6/20/95	5/1/97
	Place of Business West Avenue	2a. Mailing Address Same				4. FEI Number	Applied For
21 1874 Suite, Apt		Suite, Apt. #, etc.				65-0597009	Not Applicable
22 Suite, Apr.	. w, 610.	27 Suite, Apr. #, etc.				6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	Cily & State				6. Election Campaign Financing	
23 Miami	. FL	28				Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip·	Country	Zip	Cou	intry		8. This corporation has liability for in	
24 33139	50	29	30		7, 2, 6	Florida Statutes	Yes No
C	9. Name and Address of Current			81	Mana	10. Name and Address of New Reg	istered Agent
	ration Service Compar	ıy		""	Eliza	beth A. Wilsman, CPA	
	Hays Street			82	SKEBL MUUIE	355 (F.O. DOX NUMBER IS NOT ACCEPTABLE	e)
TATTA	hassee, FL 32301			83	190 W	. Palmetto Park Road	
	•			1			
				64	City Boca named corpo	Daton	FL 85 Zip Code 33432
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statu	ites, the at	oove-	named corpo	pration submits this statement for the pu	roose of changing its registered
office or i agent. I a	registered agent, or both, in the State of Imparishar with, and accept the objection	Florida. Such change was	authorized o rida Stat	d by t	the corporation	on's board of directors. I hereby accept	the appointment as registered
SIGNATURE	to the provisions of Sections 607.0502 aregistered agent, or both, in the State of mytampfar with, and accept the obligation	loman CFF	1				
	Triature, typed or printed name of registered agent a	ma life if applicable (NO	T£ Registered	Agen:	signature require	d when reinstaling)	DATE
12. TITLE	OFFICERS AND C		13.			ADDITIONS/CHANGES TO OFFICE	
NAME	Zalman Fellig)I Detter	1.1 TIT	-			Change Addition
STREET ADDRESS					DDRESS		
CITY-ST-ZIP	1874 West Avenue Miami Beach, FL 331	20		NCE 1 A [Y-S] -			ļ!
TITLE	Sec/Treasurer/Direct		2.1 111		ZIF		Change Addition
NAME	Solomon Fellig	.01	2.2 NA	ME			Ell chaige Ell (tourist)
STREET ADDRESS	1874 West Avenue		2.3 ST	REET A	DDRESS		
CITY-ST-ZIP	Miami Beach, FL 331	.39	2 4 0	TY-\$1	- ZIP		
TITLE	Director	X DELETE	3.1 Trī	LE.	_		Change Addit on
NAME	Emmanuel Diena		3.2 NA	ME .	D	ELETE EMMANUEL DIENA	AS DIRECTOR
STREET ADDRESS	1874 West AVenue		3.3 STI	REET A	DDRESS		
CITY-ST-ZIP	Miami Beach, FL 331	39	3.4 CI		- ZIP		· ·
TITLE	Director	X DELETE	4.1 1(1		D:	ELETE DANIEL DIENA AS	DIRECTOR Addition
NAME OTOGET ADDRESSO	Daniel Diena		4 2 NA				
STREET ADDRESS	1874 West Avenue Miami Beach, FL 331	20			DDRESS		,
CITY-ST-ZIP TITLE	Miami Beach, FL 331	DELETE	4 4 CIT		ZIP		Chapter 1
NAME		beece	5 2 NA				The custility of the standard
STREET ADDRESS					DDRESS		'W/12
CITY-ST-ZIP			5 4 Cil				`
TITLE		DELETE	61 TIT		En .		Change Addition
NAME			6 2 NA	M(000000229	3070
STREET ADDRESS	_		63 \$14	REFT AC	DDRESS	-09/15/970110	J4005

formation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information indicated on this

SIGNATURE:

FILED

Sep 15 1997 8:00am

A Secretary of State

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Α	MENDE	り
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	110.	

DOCU 1. Corporation	MENT #	42000				
UNIVE	RSAL CLINICAL LABORA	ATORIES, IN	IC.			
						
Principal Plac	e of Business	Mailing Addres	SS			
1874	West Avenue					
Miami	Beach, FL 33139					
	•				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal F	Place of Rusinoss	2a. Mailing Add	drace	<u></u>	6/20/95 4. FEI Number	5/1/97 Applied For
2. Principal Place of Business 2a. Mailing Address 1874 West Avenue 26 same					65-0597009	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.	- +	Certificate of Status Desired	\$8.75 Additional
City & Stat	0	Cily & State				Fee Required
23 Miami		28	•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	<u> </u>	ountry	8. This corporation has liability for	intangible tax under s. 199.032.
24 33139		29	30			X) Yes No
Commo	9. Name and Address of Current ration Service Compa			81 Name	10. Name and Address of New R	
	ration service compa Hays Street	iny		Elis	zabeth A. Wilsman, CP	A
	hassee, FL 32301			82 Street Ad 190	dress (P.O. Box Number is Not Accepta W. Palmetto Park Roa	d
10110	11 J2301			83		
				84 City		85 Zip Code
				Boca	a Raton proporation submits this statement for the	FL 33432
11. Pursuant	to the provisions of Sections 607.050 registered anent, or both, in the State	2 and 607.1508, Floi of Florida, Such cha	rida Statutes, the moe was authori	above-named cozed by the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered
agent. La	amyternitar with, and accept the oblig	itions of, Section 60	7 0505) Jarida S	tatutes.	ration's board of directors. I hereby acce	
SIGNATURE	Ministure twild or printed name of registered ages	iloman ((NOTE: Books	oreo Agent signature rec	nuited when a netaling)	DATE
12.	OFFICERS AN			3.	ADDITIONS/CHANGES TO OFFI	
TITLE	President/VP/Direct	tor 🗆	DELETE 11	TITLE		Change Addition
NAME	Zalman Fellig		1.3	2 NAME		js
STREET ADDRESS	1874 West Avenue			S STREET ADDRESS		ĺž
CITY-ST-ZIP	Miami Beach, FL 3			CITY-ST-ZIP		Change Addition
TITLE NAME	Sec/Treasurer/Dire	ctor '	•	NAME		Charge Moditor
STREET ADDRESS	Solomon Fellig			STREET ADDRESS		1
CITY-ST-ZIP	1874 West Avenue Miami Beach, FL 3	3139		4 CiTY-S1-ZiP		
TITLE	Director			TITLE		Change Addit on
NAME				? NAME	DELETE EMMANUEL DIEN	A AS DIRECTOR
STREET ADDRESS	1874 West AVenue		3.3	STREET ADDRESS		
CITY-ST-ZIP	Miami Beach, FL 3	3139		4 CITY-ST-ZIP		Change
TITLE	Director	ומאו		I TITLE	DELETE DANIEL DIENA	AS DIRECTOR Addition
NAME STREET ADDRESS	Daniel Diena		2 NAME 3 STREET ADDRESS			
CITY-ST-ZIP	1874 West Avenue		I CITY-ST-ZIP		. .	
TITLE	THE POUCH IN D.			TITLE		Chan Chan
NAME			5.5	P NAME		$I_{\alpha}^{\alpha}\mathcal{B}_{\alpha}$
STREET ADDRESS			5:	STREET ADDRESS		0/,
CITY-ST-ZIP				1 CI1Y - S1 - ZIP		
TITLE				1 TITLE	00000022	Change Addition
NAME			1 -	2 NAM(-09/15/9701	104005
STREET ADDRESS				STREET ADDRESS	***61.25	
14. I do bere	by certify that the information supplies	d with this titing does		t City-St-ZiP ne exemption stat	ed in Section 119.07(3)(i) Florida Statut	es. I further certify that the

I have been been been a facility that the anomalia report in the exemploin sales in 1990, Florida Statutes, I former certify that the information indicated on this vanual 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 or an antachment with an address.

SIGNATURE: