

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90053 021 ***150.00

DOCUMENT # P95000069471

1. Corporation Name

STAT-CARE AMERICA CLINICAL LABORATORY, INC.

Principal Place of Business

9441 W. SAMPLE ROAD
SUITE 102
CORAL SPRINGS FL 33065

Mailing Address

9441 W. SAMPLE ROAD
SUITE 102
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number

65-0607498

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 7500 NW 5th St
Suite, Apt. #, etc.

22 Suite 115

City & State

23 PLANTATION FL

Zip

24 33317

Country

25 U.S.

2a. Mailing Address

26 7500 NW 5th St
Suite, Apt. #, etc.

27 Suite 115

City & State

28 PLANTATION FL

Zip

29 33317

Country

30 U.S.

9. Name and Address of Current Registered Agent

NADEL, HOWARD B
800 CORPORATE DRIVE
SUITE 602
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

JAVIER BLANCO

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

7500 NW 5th St, Suite 115

83

84 City

PLANTATION

FL

85 Zip Code

33317

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

JAVIER BLANCO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MANN, ANGELA
STREET ADDRESS 7730 NEW PORT LANE
CITY-ST-ZIP PARKLAND FL 33067

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

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 VP ☒ Change ☐ Addition

1.2 NAME MANN, ANGELA

1.3 STREET ADDRESS 7730 NEW PORT LN.

1.4 CITY-ST-ZIP PARKLAND FL 33067

2.1 TITLE SEC/ADM ☐ Change ☒ Addition

2.2 NAME KENNETH HALL

2.3 STREET ADDRESS 7500 NW 5th St, Suite 115

2.4 CITY-ST-ZIP PLANTATION FL 33317

3.1 TITLE PRES/DIR ☐ Change ☒ Addition

3.2 NAME JAVIER BLANCO

3.3 STREET ADDRESS 7500 NW 5th St, Suite 115

3.4 CITY-ST-ZIP PLANTATION FL 33317

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 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, with all other like empowered.

SIGNATURE:

JAVIER BLANCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)