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 # **P95000070313 (8)**

1. Corporation Name
STAT DIAGNOSTIC LABORATORIES, INC.

Principal Place of Business
6701 - 16 AVE N
ST PETERSBURG FL 33710

Mailing Address
6701 - 16 AVE N
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified: 09/08/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 255 SIMPSON ROAD	26 P.O. BOX 450545
Suite, Apt #, etc 22 SUITE B	Suite, Apt. #, etc 27
City & State 23 KISSIMMEE, FLORIDA	City & State 28 KISSIMMEE, FLORIDA
Zip 24 34744 Country 25 USA	Zip 29 34745-0545 Country 30 USA

4. FEI Number: 59-3331461 ☐ 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**

GALANG, CARMELITA P
6701 - 16 AVE N
ST PETERSBURG FL 33710

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 710 COUNTRY WOODS CIRCLE
83 KISSIMMEE
84 City KISSIMMEE FL 85 Zip Code 34744

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 ______ 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	D	☐ DELETE
NAME	GALANG, FERNANDO C	
STREET ADDRESS	6701 - 16 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	☐ DELETE
NAME	GALANG, CARMELITA P	
STREET ADDRESS	6701 - 16 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	☐ DELETE
NAME	ZAMBITO, KATHLEEN G	
STREET ADDRESS	12530 ERNEST AVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	☐ DELETE
NAME	GALANG, NILDA P	
STREET ADDRESS	6701 - 16 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
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		

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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: CPGalang CARMELITA P. GALANG 2-22-96 (407) 931-2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #