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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

255 SIMPSON RD  
SUITE B  
KISSIMMEE FL 34744  
US

P OBOX 450545  
KISSIMMEE FL 34745-0545  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 226 SIMPSON ROAD

Suite, Apt. #, etc.

22 KISSIMMEE, FLORIDA

City & State

23 34744

Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GALANG, CARMELITA P  
710 COUNTRY WOODS CIRLOE  
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D ☒ Change ☐ Addition

1.2 NAME GALANG, FERNANDO C. ADDRESS ONLY  
1.3 STREET ADDRESS 710 Country Woods Circle  
1.4 CITY-ST-ZIP Kissimmee, Florida 34744

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME GALANG, CARMELITA P. ADDRESS ONLY  
2.3 STREET ADDRESS 710 Country Woods Circle  
2.4 CITY-ST-ZIP Kissimmee, Florida 34744

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME GALANG, NILDA P. ADDRESS ONLY  
4.3 STREET ADDRESS 710 Country Woods Circle  
4.4 CITY-ST-ZIP Kissimmee, Florida 34744

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.

CARMELITA P. GALANG

CR2E034 (10/97)