FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FOR PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 28 1996 8:00 am
Secretary of State

DOCUMENT # P95000081031

1. Corporation Name

AMENDED ELIAS CLINIC LABORATORY

Principal Place of Business / Mailing Address

4750 N.W 7th Street Suite#10
Miami.Fl, 33126

2. Principal Place of Business	2a. Mailing Address
21 4750 N.W 7th Street	28 4750 N.W. 7th St
Suite, Apt. #, etc. 22 10	Suite, Apt. #, etc. 27 10
City & State 23 Miami,Fl	City & State 26 Miami,Fl
Zip 24 33126 / Country 25 Dade	Zip 29 33126 / Country 30 Dade

2. Date Incorporated or Qualified: 2a. Date of Last Report:

4. FEI Number: ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $0.75 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

Jesse G. Diaz
4750 N.w. 7th Street Suite#10
Miami, Fl, 33126

10. Name and Address of new Registered Agent

81 Name: Saul Cimbler ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln RD,st 2L
83 Miami Beach 33139
84 City FL 85 Zip Code

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: [signature] 3/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE President Jesse G .Diaz 4750 N.W. 7th StreetST #1 Miami,Fl 33126	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Vice,President Roxana Villalobos 4750 N.W 7th ST,ST# 21	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President\Secretary Roxana Villalobos 4750.N.W 7th ST. SUITE#10 Miami,Fl, 33126 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(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.

SIGNATURE: Roxana Villalobos Roxana Villalobos, President & Secretary 3-05-96
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date