

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 06 1996 8:00am
Secretary of State

DOCUMENT # P95000081031 (3)

1. Corporation Name

ELIAS CLINIC LABORATORY, INC.

Principal Place of Business

Mailing Address

~~7730 WEST 12 AVENUE~~
~~MIAMI FL 33014~~

~~7730 WEST 12 AVENUE~~
~~MIAMI FL 33014~~

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4750 N.W. 7 ST

26 4750 N.W. 7 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 10

27 Suite 10

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33126

25 Dade

29 33126

30 Dade

4. FEI Number

65-0625482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, RODOLFO
7730 WEST 12 AVENUE
MIAMI FL 33014

81 Name Jesse G. Diaz

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

4750 N.W. 7 St

83 Suite 10

84 City

Miami

FL

85 Zip Code
33126

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 607.0605, Florida Statutes.

SIGNATURE

Jesse G. Diaz

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ~~HERNANDEZ, RODOLFO~~
STREET ADDRESS ~~7730 WEST 12 AVENUE~~
CITY-ST-ZIP ~~MIAMI FL 33014~~

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME JESSE G. DIAZ
1.3 STREET ADDRESS 4750 N.W. 7 Street Ste. 10
1.4 CITY-ST-ZIP Miami, FL 33126

TITLE VS ☐ DELETE

NAME ~~VILLALOBOS, ROXANA~~
STREET ADDRESS ~~7730 WEST 12 AVENUE~~
CITY-ST-ZIP ~~MIAMI FL 33014~~

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4750 N.W. 7 Street Ste. 10
2.4 CITY-ST-ZIP Miami, FL 33126

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Jesse G. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)