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Jun 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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



DOCUMENT # P95000289942  
1. Corporation Name: CENTRAL CLINICAL LABORATORY, CORP

Principal Place of Business: 955 N. PENNSYLVANIA AVE  
Mailing Address: 955 N. PENNSYLVANIA AVE  
WINTER PARK, FL 32789 WINTER PARK, FL 32789

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 955 N. PENNSYLVANIA AVE	26. SAME	11-27-95	2-3-96
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
		59-3350243	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. WINTER PARK, FL	28. WINTER PARK, FL	<input type="checkbox"/>	
24. Zip	29. Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
32789	32789	Trust Fund Contribution	<input type="checkbox"/>
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
ORANGE			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHILIAN, GERALD ESQ. 1761 W. HILLSBORO BLVD SUITE 207 DEERFIELD BEACH, FL 33442	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KYEONGI R. KIM	1.1 TITLE	P/S
NAME	548 CHASE CORE LAKE #202	1.2 NAME	DON W. KIM
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714	1.3 STREET ADDRESS	1801 GRAND ISLE CIR #110A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	V/S	2.1 TITLE	V/T
NAME	ORACE M. PARK	2.2 NAME	KYEONGI R. KIM
STREET ADDRESS	1010 VILLAGE LAKE	2.3 STREET ADDRESS	16711 COLLINS AVE #1107
CITY-ST-ZIP	WINTER PARK, FL 32782	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33160
TITLE	V/T	3.1 TITLE	
NAME	MELYUBA KIM	3.2 NAME	
STREET ADDRESS	17320 NW 67 PLACE #L	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKE, FL 33015	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: DON W. KIM  
Date: 5-29-97  
Daytime Phone #: 407-644-4466

CR2E034 (9/96)