

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P96000000991 (5)

1. Corporation Name

JACKSONVILLE MEDICAL LABORATORIES INC.



Principal Place of Business

Mailing Address

**11127 LEM TURNER RD
JACKSONVILLE FL 32218**

**11127 LEM TURNER RD
JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified
12/20/1995

3a. Date of Last Report

4. FET Number
59-3351629

Approved For
Not Applicable

5. Certificate of Status Fee Paid ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has authority for its registered agent's 1995-96
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GUPTON, C J
11127 LEM TURNER RD
JACKSONVILLE FL 32218**

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 602.04(2) and 602.15(8), 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 607.05(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PALMER, WILLIAM H	
STREET ADDRESS	11251 YOUNG RD	
CITY- ST- ZIP	JACKSONVILLE FL 32218	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	☐ Change ☐ Addition
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	☐ Change ☐ Addition
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	☐ Change ☐ Addition
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 statute, Section 19.07(5)(g), Florida Statutes. I further certify that the information included on this annual report or supplement 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)