2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90001 014 ***150.00

DOCUMENT # P96000090358

1. Entity Name

QUALITY HEALTH LABORATORIES, INC.

Principal Place of Business	Mailing Address
7245 SW 87th Avenue Suite 300 MIami, Florida 33173	7245 SW 87th Avenue Suite 300 Miami, Florida 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7245 SW 87th Avenue	7245 SW 87th Avenue
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33173 Country: USA	Zip: 33173 Country: USA

4. FEI Number: 65-0706403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Juan Carlos De Armas
7245 SW 87th Avenue
Suite 300
Miami, Florida 33173

7. Name and Address of New Registered Agent

Name: Jorge E. PErez
Street Address (P.O. Box Number is Not Acceptable): 7245 SW 87 Avenue
Suite 300
City: Miami, FL Zip Code: 33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~De Armas, Juan Carlos~~ ~~8850 Coral Way, Suite~~ 101 ~~Miami, Florida 33155~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jorge E. Perez 7315 SW 87th Avenue Miami, Florida 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Perez, Jorge A. ~~8850 Coral Way, Suite 101~~ ~~Miami, Florida 33155~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Perez, Jorge E ~~8850 Coral Way, Suite 101~~ ~~Miami, Florida 33155~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Jorge E. Perez 7315 SW 87th Avenue Miami, Florida 33173	☒ Change ☐ Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #