

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000096277 (4)

1. Corporation Name
PREMIER CLINICAL LABORATORY, INC.

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| Principal Place of Business 94 BAY HEIGHTS DR. COCONUT GROVE FL 33133 | Mailing Address 94 BAY HEIGHTS DR. COCONUT GROVE FL 33133-2630 |
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|--|--|---|--|---|-------------------------------|
| 2. Principal Place of Business 21 11401 S.W. 40 Street | | 2a. Mailing Address 26 11401 S.W. 40 street | | 3. Date Incorporated or Qualified 11/26/1996 | 3a. Date of Last Report |
| Suite, Apt. #, etc. 22 Suite 265 | | Suite, Apt. #, etc. 27 Suite 265 | | 4. FEI Number 65-0718579 | Applied For Not Applicable |
| City & State 23 MIAMI, FL | | City & State 28 MIAMI, FL | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33165 | | Zip 29 33165 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 DADE | | Country 30 DADE | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent CANDELA, ANDRES 94 BAY HEIGHTS DR. COCONUT GROVE FL 33133 <i>Change of Address only</i> | | | | 10. Name and Address of New Registered Agent | |
| 81 Name CANDELA, Andres | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 11401 S.W. 40 Street | |
| 83 Suite 265 | | | | 84 City MIAMI | |
| | | | | 85 Zip Code FL 33165 | |

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: *Andres Candela* (ANDRES CANDELA, Director) 4/2/97 AGENT REMAINS THE SAME
DATE

| | | | |
|--|---------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE SAME Registered agent and title | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CANDELA, ANDRES | | 1.2 NAME | |
| STREET ADDRESS 94 BAY HEIGHTS DR. | <i>change of Address only</i> | 1.3 STREET ADDRESS 11401 S.W. 40 street, Suite 265 | |
| CITY - ST - ZIP COCONUT GROVE FL 33133 | | 1.4 CITY - ST - ZIP MIAMI, FL 33165 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Andres Candela* (ANDRES CANDELA, DIRECTOR) 4/2/97 305-220-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0003067

CR2034 (9/96)