


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

**FILED**

**Apr 11 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 # P96000096277 (4)**

1. Corporation Name  
**PREMIER CLINICAL LABORATORY, INC.**



Principal Place of Business: **94 BAY HEIGHTS DR. COCONUT GROVE FL 33133**

Mailing Address: **94 BAY HEIGHTS DR. COCONUT GROVE FL 33133-2630**

3. Date Incorporated or Qualified: **11/26/1996**

3a. Date of Last Report

2. Principal Place of Business

21. **11401 S.W. 40 Street**

22. **Suite 265**

23. **MIAMI, FL**

24. **33165**

25. **DADE**

2a. Mailing Address

26. **11401 S.W. 40 street**

27. **Suite 265**

28. **MIAMI, FL**

29. **33165**

30. **DADE**

4. FEI Number: **65-0718579**

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

**CANDELA, ANDRES**  
**94 BAY HEIGHTS DR.**  
**COCONUT GROVE FL 33133**

*Change of address only*

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CANDELA, ANDRES</b>	
STREET ADDRESS	<b>94 BAY HEIGHTS DR.</b>	
CITY - ST - ZIP	<b>COCONUT GROVE FL 33133</b>	<i>Change of address only</i>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SAME Registered agent and title</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>11401 S.W. 40 street, Suite 265</b>	
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33165</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

CRE034 (9/96)