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

PRQFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthaill

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000096277 (4)

PREMIER CLINICAL LABORATORY, INC.

FILED Apr 07 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address		i indiikki iin iniin niii noiii dalki aniii kaila laith biila liali (bati 1685 1685		
11401 S.W. 40 STREET	11401 S.W. 40 STREET			
STE. 265	STE. 265			DO NOT WRITE IN THIS SPACE
MIAMI FL 33165	MIAMI FL 33165 US			3. Date Incorporated or Qualified
US	03			11/26/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			65-0718579 Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc.			\$9.75 Additional
22	27			5. Certificate of Status Desired Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	28			Trust Fund Contribution Added to Fees
Zip Country	Zip	Cour	itry	8. This corporation owes or has paid the current year Intangible
24 25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
9. Name and Address of Co	urrent Registered Agent		- : 1 · · · · ·	10. Name and Address of New Registered Agent
CANDELA, ANDRES		1	81 Name	;
11401 S.W. 40 STREET		- -	82 Street	t Address (P.O. Box Number is Not Acceptable)
* STE. 265		L		
MIAMI FL 33165		[-	B3	
			B4 City	85 Zip Code
5		į'	City	FL s z code
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	tes, the ab	ove-named	d corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the tagent. I am familiar with, and accept the c	state of Florida. Such change was obligations of, Section 607,0505, Fl	authorized Iorida Statu	by the cor ites.	reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of register	ed agont and title it applicable (NO	IE Registered	Agent signatur	re required when reinstating) DATE
12. OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 1111	.E	Change Addition
NAME CANDELA, ANDRES		1.2 NAI	ME	
STREET ADDRESS 11401 S.W. 40 ST., STE.	265	1.3 STF	EE1 ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CIT	Y - ST - ZIP	
TITLE	☐ DELETE	2.1 TITI	.I	The second secon
NAME		2.2 NAI	ME	
STREET ADDRESS		2.3 STF	EET ADDRESS	,
CITY-ST-ZIP		2. 4 CII	Y-S1-ZIP	
TITLE	DELETE	3.1 T(T)	.E	Dice Ples : Deuf Change Addition
NAME		3.2 NA	ME	LAURA PRATTAS
STREET ADDRESS		3.3 STF	EET ADDRESS	8455W 1740 TERRACE
CITY-ST-ZIP		3.4. CII	Y-ST-ZIP	HEMBROKE PINES FI JOSET
TITLE	☐ DE LETE	4.1 1111	.E	Change Addition
NAME		4. 2 NA	ME	
STREET ADDRESS		4.3 STF	EET ADDRESS	
CITY-ST-ZIP		4.4 CIT	Y-ST-ZIP	
TITLE	DELETE	5.1 1011		Change Addition
NAME		5.2 NA	ΛE	1
STREET ADDRESS		5.3 S1F	EE1 ADDRESS	711-
CITY-ST-ZIP			Y-ST-ZIP	411
TITLE	DELETE	6.1 TITI		Addition
NAME		6.2 NA	ΛE	3000024820249hange Addison -04/08/3801014006
STREET ADDRESS			EET ADDRESS	***150.08
CITY-ST-ZIP			Y-ST-ZIP	TTT1.00.00
14. I hereby certify that the information suppli	ed with this filling does not qualify t	for the exer	nption stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filling 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, of or an attachment with an address.