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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

DOCUMENT # P96000100039 (2)

RAPID DRUG TESTING SERVICES, INC.

Principal Place of Business Mailing Address 2125 BISCAYNE BLVD. STE 370 2125 BISCAYNE BLVD. STE 370 MIAMI FL 33137 MIAMI FL 33137-5029 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLATE, BONNIE J 2125 BISCAYNE BLVD. STE 370 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 64 City Zip Code 85 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 Signature, typed or printed hame of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) PSD DELETE TITLE 1.1 TITLE Change Addition BLATE, BONNIE J NAME 1.2 NAME 2125 BISCAYNE BLVD. STE 370 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33137 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE VM DELETE ☐ Change 2.1 TITLE Addition O'CONNELL, PETER J NAME **2.2 NAME** 2125 BISCAYNE BLVD. STE 370 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33137** CITY-ST-7IP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TETLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 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 eath, 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.