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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000100039 (2)

RAPID DRUG TESTING SERVICES, INC.

FILED Jan 16 1998 8:00am Secretary of State



					3 18 18 18 18 18 18 18 1
Principal Place	of Business	Mailing Address			
2125 BISCAYNE BLVD. STE 370 2125 BISCAYNE BLVD. STE 370					
MIAMI FL 33137 MIAMI FL 33137				DO NOT WELL	E IN THIS SPACE
	•			3. Date Incorporated or Qualified	
				12/11/1996	
2. Principal P	ace of Business #2	2a. Mailing Address		4. FEI Number	Applied For
21 9730	O Overseas Huy	26 97300 Ova	erseas Hwy	7. 65-0713106	Not Applicable
Suite, Apt		Suite, Apt. #, etc.			\$8.75 Additional
22		27 # Q		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ke	y Largo I'L	28 Key Larg		Trust Fund Contribution	Added to Fees
Zip	Country Monroe	7(p	Country	8. This corporation owes or has p	F-m ' C '
24 3.30		29 33037 3	0 1.101.11		
	9. Name and Address of Current	Registered Agent	04 N	10. Name and Address of New R	egistered Agent
	ATE, BONNIE J.		81 Name	Peter J. O'Co	nnell
	25 BISCAYNE BLVD. STE 370			dress (P.O. Box Number is Not Accepte	able)
,ML	MI FL 99197		973	300 Overseas Hu	1 # 2
			83	•	9
			84 City /		FL 85 Zio Code 33027
			Ke	y Largo	
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, of 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.					
agent. I am familiar with, and account the obligations of, Section 607 0505, Ftorida Stalutos.					
SIGNATURE Stonature, byted of printed purposed registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typod of pyrited natives; registered agent OFFICERS AND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hagistered Agent signature requ	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	PSD	DELETE	1.1 TOLE	ADDITIONO/OFFICIAL OF CALL	Change Addition
NAME	BLATE, BONNIE J		1,2 NAME		
STREET ADDRESS	2125 BISCAYNE BLVD. STE 33	70	1.3 STREET ADDRESS		{
CITY-ST-ZIP	MIAMI FL 33137	•	1.4 City-St-ZiP		
TITLE	VID	DELETE	2.1 TITLE		Change Addition
NAME	O'CONNELL, PETER J	-	2.2 NAME		
STREET ADDRESS	2125 BISCAYNE BLVD. STE 37	70	2.3 STREET ADDRESS		1
CITY-ST-ZIF	MIAMI FL 33137		2. 4 CITY-ST-ZIP		
TITLE		☐ DELFTE	3.1 1ITLE		Change Addition
NAME]			3.2 NAME		Į.
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$1-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I boroby	artify that the information supplied with	a this filling does not qualify for	the exemption stated i	in Section 119.07(3)(i). Florida Statutes.	I turther certify that the information L

4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Bonne 14

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1/7/98 85

(305) 353:3007