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

PROFIT CORPORATION ANNUAL REPORT **1998**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 13 1998 8:00am
Secretary of State

DOCUMENT # P97000016469 (3)

1. Corporation Name

PSA CLINICAL LABORATORY, INC.

Principal Place of Business	Mailing Address
825 N GARLAND AVE SUITE 201 ORLANDO FL 32801	825 N GARLAND AVE SUITE 201 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1997

2. Principal Place of Business
21 303 F. Par Street
22 Suite, Apt #, etc
23 City & State Orlando, FL
24 Zip 32804   25 Country U.S.A.

2a. Mailing Address
26 303 F. Par Street
27 Suite, Apt #, etc.
28 City & State Orlando, FL
29 Zip 32.804   30 Country U.S.A.

4. FEI Number 59-3428922   Applied For / Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

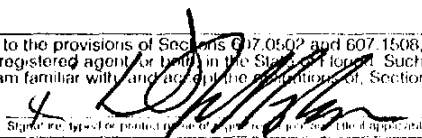| 9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AYLWARD, ROBERT E 100 NORTH TAMPA STREET SUITE 2425 TAMPA FL 33602	81 Name D. Jeffery Sapp 82 Street Address (P.O. Box Number is Not Acceptable) 303 F. Par Street 83 84 City Orlando FL 85 Zip Code 32804

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 X
Signature typed or printed name of agent if an individual is appointed   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME D. Jeffery Sapp		1.2 NAME		
STREET ADDRESS 303 E. Par Street		1.3 STREET ADDRESS		
CITY-ST-ZIP Orlando, FL 32804		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-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-ZIP		
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	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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: X   D. Jeffery Sapp 2/18/98   407 628-1800

CR2E034 (10/97)