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Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053493 (7)

1. Corporation Name:

PHYSICIAN CLINICAL LABORATORIES, INC.

Principal Place of Business

5959 CENTRAL AVE
SUITE 201
ST. PETERSBURG FL 33710

Mailing Address

5959 CENTRAL AVE
SUITE 201
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

59-3463879

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

2. Principal Place of Business

21 7235 FIRST AVENUE SOUTH
Suite, Apt. #, etc.

2a. Mailing Address

26 7235 FIRST AVENUE SOUTH
Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG, FL
Zip Country

City & State

28 ST. PETERSBURG, FL
Zip Country

24 33707

25 U.S.A.

29 33707

30 U.S.A.

9. Name and Address of Current Registered Agent

JAY B. VERONA, P.A.
5959 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

VERONA & FREEMAN, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

7235 FIRST AVENUE SOUTH

84 City

ST. PETERSBURG

FL

85 Zip Code

33707

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

VERONA & FREEMAN, P.A., By: Jay Verona, Pres (JAY VERONA)

5/14/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME PATEL, SHANTI
STREET ADDRESS 4760 NATHAN WEST
CITY-ST-ZIP STERLING HEIGHTS MI 48310

TITLE D
NAME SHAH, SURYAKANT
STREET ADDRESS 30 HOLY CAKE CRESENT
CITY-ST-ZIP REXDALE, ONTARIO, CANADA OC NAW6H

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.
1.2 NAME PATEL, SHANTI
1.3 STREET ADDRESS 2203 HERCULES AVENUE NORTH
1.4 CITY-ST-ZIP CLEARWATER, FL 33763

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]

3/4/98

Dep. \$150.00

CR2E034 (10/97)