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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000088416 (7)

1. Corporation Name

ROCA DIAGNOSTIC LABORATORY, INC.

Principal Place of Business

5416 N.W. 33RD STREET  
GAINESVILLE FL 32653

Mailing Address

5416 N.W. 33RD STREET  
GAINESVILLE FL 32653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-3472941

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

4031 NW 43RD ST

27

Suite, Apt. #, etc.

SUITE A

28

GAINESVILLE FL

29

32606

Country

30

USA

9. Name and Address of Current Registered Agent

CASILE, ELLEN V  
5416 N.W. 33RD STREET  
GAINESVILLE FL 32653

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PRESIDENT  
NAME ELLEN VICTORIA CASILE  
STREET ADDRESS 32606  
CITY-ST-ZIP 412 C NW 10th Ave. Gainesville FL

TITLE CEO, MANAGER ☐ DELETE

NAME BENJAMIN A. CASILE  
STREET ADDRESS 5416 NW 33RD ST. Gainesville FL  
CITY-ST-ZIP 32606

TITLE SECRETARY/TREASURER ☐ DELETE

NAME MS. ERNA CASILE  
STREET ADDRESS 5416 NW 33RD ST. Gainesville, FL  
CITY-ST-ZIP 32653

TITLE VICE PRESIDENT ☐ DELETE

NAME FIDES MARIE S. ROJANO  
STREET ADDRESS 4830 NW 43RD ST. Q 280  
CITY-ST-ZIP Gainesville FL 32606

TITLE BOARD OF DIRECTORS ☐ DELETE

NAME MR. JOSE A. ROJANO  
STREET ADDRESS 124 B. AVE. 59 L.A. CA. 90042  
CITY-ST-ZIP

TITLE BOARD OF DIRECTORS ☐ DELETE

NAME MRS. LETHY ROJANO  
STREET ADDRESS 124 B. AVE 59 Los Angeles, CA. 90042  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

ELLEN V. CASILE

11/1/98

CR2E034 (10/97)