

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90194 037 ***150.00

DOCUMENT # P97000088416

1. Corporation Name

ROCA DIAGNOSTIC LABORATORY, INC.

Principal Place of Business

5416 N.W. 33RD STREET
GAINESVILLE FL 32653

Mailing Address

4031 NW 43RD STREET
SUITE A
GAINESVILLE FL 32606
US

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CASILE, ELLEN V
STREET ADDRESS 612 C. NW 10TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE CEOM ☐ DELETE

NAME CASILE, BENJAMIN A
STREET ADDRESS 5416 NW 33RD STREET
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ST ☐ DELETE

NAME CASILE, ERINA
STREET ADDRESS 5416 NW 33RD STREET
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE VP ☐ DELETE

NAME RPKAMP., AROE. S
STREET ADDRESS 4830 NW 43RD STREET Q280
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE BOD ☐ DELETE

NAME ROJANO, JOSE A
STREET ADDRESS 124 S AVENUE 29
CITY-ST-ZIP LOS ANGELES CA 90042

TITLE BOD ☐ DELETE

NAME ROJANO, LEHY
STREET ADDRESS 124 S AVENUE 59
CITY-ST-ZIP LOS ANGELES CA 90042

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP
ROJANO, FIDES
4830 NW 43RD ST., Q268
GAINESVILLE, FL 32606

ROJANO, LETTY

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)