

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000100215 (7)**

1. Corporation Name

QUALITY CLINICAL LABORATORY, INC.



Principal Place of Business

**3130 WEST 99TH COURT
MIAMI FL 33165**

Mailing Address

**3130 WEST 99TH COURT
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1997	
21	14220 S.W. 117 Terrace	26	14220 S.W. 117 Terrace	4. FEI Number 65-0806180	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	Miami, Florida	28	Miami, Florida		
Zip	Country	Zip	Country		
24	33186	29	33186		
25	Miami-Dade	30	Miami-Dade		

9. Name and Address of Current Registered Agent

**GONZALEZ, JENNIFER
3130 WEST 99TH COURT
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81	Name ROBERT RICARD
82	Street Address (P.O. Box Number is Not Acceptable) 14220 S.W. 117 Terrace
83	
84	City Miami
85	Zip Code FL 33186

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]

Robert Ricard

5-8-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARD, ROBERT	1.2 NAME	ROBERT RICARD
STREET ADDRESS	14220 S.W. 117TH TERR	1.3 STREET ADDRESS	14220 S.W. 117th Terrace
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, FRANK	2.2 NAME	NATALIE ROSSIER
STREET ADDRESS	3130 S.W. 99TH COURT	2.3 STREET ADDRESS	14220 S.W. 117th Terrace
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP,D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	OSCAR W. CARBALLO
STREET ADDRESS		3.3 STREET ADDRESS	4707 N.W. 7 St., #301-8
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami Florida 33126
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ILEANA MARTIN-CARRERA
STREET ADDRESS		4.3 STREET ADDRESS	4707 N.W. 7 St., #301-8
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: *[Signature]*

ROBERT RICARD, President 5/8/98 305-238-4303

CR2E034 (10/97)