


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

Amended

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98 NOV -5 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998 AMENDMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000100215 1. Corporation Name  QUALITY CLINICAL LABORATORY, INC.		

Principal Place of Business 14220 SW 117 Terrace Miami, Florida 33186	Mailing Address 14220 SW 117 Terrace Miami, Florida 33186
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1997	
4. FEI Number 65-0806180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 13255 SW 137 Avenue Suite, Apt. #, etc. 22 106 City & State 23 Miami, Florida Zip 24 33186	2a. Mailing Address 26 13255 SW 137 Avenue Suite, Apt. #, etc. 27 106 City & State 28 Miami, Florida Zip 29 33186	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent RICARD, Robert 14220 SW 117 Terrace Miami, Florida 33186	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBERT RICARD 14220 SW 117 Terrace Miami, Florida 33186 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D NATALIE ROSSIER 14220 SW 117 Terrace Miami, Florida 33186 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D OSCAR W. CARBALLO 4707 NW 7 Street, # 301-8 Miami, Florida 33186 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ILEANA MARTIN-CARRERA 4707 NW 7 Street, # 301-8 Miami, Florida 33126 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	T ROBERT RICARD 14220 SW 117 Terrace Miami, Florida 33186 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002684632-7 -11/10/98-01071-003 *****E1 25 *****E1 25
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	P/D OSCAR W. CARBALLO 4707 NW 7 Street, # 301-8 Miami, Florida 33186 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	S/D ILEANA MARTIN-CARRERA 4707 NW 7 Street, # 301-8 Miami, Florida 33126 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  OSCAR W. CARBALLO, President 10/25/98 (305) 238-4303  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2034 (10/97)