

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90219 042 ***150.00

DOCUMENT # P98000047602

1. Corporation Name

~~COORDINATED PHYSICIAN SERVICES, INC.~~
Techlabs, Inc.

Principal Place of Business

~~21311 NW 2 AVE~~ 3389 Sheridan St #180
~~N. MIAMI FL 33169~~ Hollywood, FL 33021

Mailing Address

~~21311 NW 2 AVE~~ 3389 Sheridan St #180
~~N. MIAMI FL 33169~~ Hollywood, FL 33021



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

65-0843965

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

21 3389 Sheridan Street

2a. Mailing Address

26 3389 Sheridan Street

Suite, Apt. #, etc.

22 #180

Suite, Apt. #, etc.

27 #180

City & State

23 Hollywood Florida

City & State

28 Hollywood Florida

Zip

24 33021

Country

25 USA

Zip

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

TAULE, THOMAS J
21311 NW 2 AVE
N. MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

THOMAS J. TAULE

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

3389 Sheridan Street

83 Suite #180

84 City

Hollywood

FL

85 Zip Code

33021

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

Thomas J. Taule

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME TAULE, THOMAS J
STREET ADDRESS 21311 NW 2 AVE
CITY-ST-ZIP N. MIAMI FL 33169

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME THOMAS J. TAULE
1.3 STREET ADDRESS 3389 Sheridan Street #180
1.4 CITY-ST-ZIP Hollywood, FL 33021

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Alfred Taule
2.3 STREET ADDRESS 3389 Sheridan Street #180
2.4 CITY-ST-ZIP Hollywood, FL 33021

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

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:

Thomas J. Taule

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 (954) 983-5354

Date

Daytime Phone #

CR2E034 (11/98)