

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

1

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P98000070728  
1. Corporation Name  
CLINICAL MEDICAL LAB, INC.

FILED

99 NOV -5 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
114-A Ponce de Leon  
Coral Gables, FL 33135

DO NOT WRITE IN THIS SPACE

|                                |  |                         |  |                                                                                                                                                                            |  |                                |  |
|--------------------------------|--|-------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 4. FEI Number<br>65-0856951                                                                                                                                                |  | Applied For<br>Not Applicable  |  |
| 21. Suite, Apt. #, etc.        |  | 26. Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                  |  | \$8.75 Additional Fee Required |  |
| 22. City & State               |  | 27. City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                         |  | \$5.00 May Be Added to Fees    |  |
| 23. Zip                        |  | 28. Country             |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| 24. Zip                        |  | 25. Country             |  | 29. Zip                                                                                                                                                                    |  | 30. Country                    |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|                            |                                                                             |                   |                 |                       |
|----------------------------|-----------------------------------------------------------------------------|-------------------|-----------------|-----------------------|
| 81. Name<br>Paulina O. Lam | 82. Street Address (P.O. Box Number is Not Acceptable)<br>13391 SW 87th Ave | 83. City<br>Miami | 84. State<br>FL | 85. Zip Code<br>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: Paulina O. Lam Paulina O. Lam

| 12. OFFICERS AND DIRECTORS                           |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |                                                                                                                                                                          |
|------------------------------------------------------|---------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY-STATE-ZIP    | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-STATE-ZIP | President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>ADRIAN FERNANDEZ<br>114-A Ponce de Leon<br>Coral Gables, FL 33135     |
| 4. NAME<br>5. STREET ADDRESS<br>6. CITY-STATE-ZIP    | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-STATE-ZIP | Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>GUILLERMO FORD<br>114-A Ponce de Leon<br>Coral Gables, FL 33135       |
| 7. NAME<br>8. STREET ADDRESS<br>9. CITY-STATE-ZIP    | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-STATE-ZIP | Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DONNA Y. SCANTLEBURY<br>114-A Ponce de Leon<br>Coral Gables, FL 33135 |
| 10. NAME<br>11. STREET ADDRESS<br>12. CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>8000003046388--1<br>-11/16/99-010000-007<br>****150.00 ****150.00                                   |
| 13. NAME<br>14. STREET ADDRESS<br>15. CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>LS                                                                                                  |
| 16. NAME<br>17. STREET ADDRESS<br>18. CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-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 in this filing 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 registered trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13. I changed or on an attachment with an address.

SIGNATURE: Adrian Fernandez, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

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## **CLINICAL MEDICAL LABORATORY**

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**116 PONCE DE LEON BLVD. CORAL GABLES, FL 33135**

**Division of Corporation  
Tallahassee, Florida**

**Re: Clinical Medical Laboratory, Inc.  
P98000070728  
DISSOLUTION FOR ANNUAL REPORT**

**ACTION: REINSTATE**

On behalf of Clinical Medical Laboratory, I would like to reinstate the company, seeing as to I did not receive the renewed statement

Sincerely

  
Adrian Fernandez