## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

| 1. Corporati   |   |  | (6)  |   |  |  |   |
|--|---|--|--|---|--|--|---|
| LABORATORY DATA SYSTEMS, INC.  Principal Place of Business Mailing Address   |   |  |  |   |  |  |   |
| 14502 N DA<br>SUITE 327<br>TAMPA FL 3<br>US  | ALE MABRY HWY<br>33618  | SUITE  | ? N DALE MABRY<br>E 327<br>'A FL 33618               | <sup>r</sup> Hwy  | Date Incorporated or Qualified   | 3a. Date of Las  | t Report                                |
| 2. Principal F   | Place of Business   | 0. 14  | 0  |   | 03/04/1991   | 06/09/1  |   |
| 21   |   | 26 Via   | iling Address  |   | 4. FEI Number 59-3054826   |  | Applied For                             |
| Suite, Apt   | t. #, etc   | Sui  | te, Apt. #, etc.                                     |   |  |  | Not Applicable                          |
| City & Stat  | ato   | 27   | ·  |   | 5. Certificate of Status Desired   |  | 75 Additional<br>se Required            |
| 3  | are   | 28 City  | & State  |   | 6. Election Campaign Financing   | \$5  | .00 May Be                              |
| Zip  | Country   | Zip  |  | Country   | Trust Fund Contribution  | L Ad   | ded to Fees                             |
| 4  | 25  | 29   |  | 30  | 8. This corporation has liability for Florida Statutes X Yes                             |  | rs 199.032,                             |
| <del></del>  | 9. Name and Address of Curr   | ent Registered   | d Agent  | 81 Name   | 10. Name and Address of New F  |  |   |
| 16902 C<br>SUITE 4   | y, elizabeth<br>Cedar Bluff dr<br>1201<br>Fl 33618  |  |  | 82 Street Add<br>83<br>84 City  | dress (P.O. Box Number is Not Acceptat   |  | 7-0-1-                                  |
|  |   |  |  | 1 1 7   |  | FI  85   | Zip Code                                |
| 11. Pursuant<br>or register  | to the provisions of Sections 607.056<br>ared agent, or both, in the State of Fic   | 02 and 607.150<br>orida. Such char                           | 98, Florida Statute                                  | es, the above-named corporation's hor   | oration submits this statement for the pur   |  | s registered office                     |
| SIGNATURE  | ntri, and accept the obligations of, Se   | iction 607.0505,   | , Florida Statutes                                   | ,   | oration submits this statement for the pur<br>ard of directors. I hereby accept the appr |  | s registered office<br>ed agent. I am   |
| SIGNATURE  | Signature, typed or printed name of registered age  | otion 607.0505,  | Florida Statutes                                     | TE: Registered Agonit signature require   | rad when reinstating.  | rpose of changing its<br>ointment as registers<br>DATE                           | ed agent. I am                          |
| SIGNATURE  | Signature, typed or printed name of registered age  OFFICERS A  | iction 607.0505,   | Florida Statutes                                     | ,   | and an amount of moreovy according appli   | rpose of changing its<br>ointment as registered<br>DATE<br>ICERS AND DIRECT      | FORS IN 12                              |
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