FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S99384** **(7)**

1. Corporation Name

CSI CLINICAL LABORATORIES, INC.

Principal Place of Business	Mailing Address
1625 S.E. THIRD AVENUE FORT LAUDERDALE FL 33316	515 E. LAS OLS BLVD SUITE 1600 FORT LAUDERDALE FL 33301 US

3. Date Incorporated or Qualified: 12/11/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0306697	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BEILLY, BRADFORD J.
790 E. BROWARD BOULEVARD
SUITE 200
FT. LAUDERDALE FL 33301

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REITER, WILLIAM M.		1.2 NAME		
STREET ADDRESS	515 LAS OLAS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	DS	XX ☐ DELETE	2.1 TITLE	VPS	☒ Change ☐ Addition
NAME	REITER, MARVIN L.		2.2 NAME	BEILLY, BRADFORD J.	
STREET ADDRESS	515 E. LAS OLAS BLVD		2.3 STREET ADDRESS	515 E. Las Olas Boulevard, Suite 1600	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CIMOCH, PAUL J.		3.2 NAME		
STREET ADDRESS	515 E. LAS OLAS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	DVT	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	KITCHENBAUM, DAVID W.		4.2 NAME	W. DOUGLAS KAHN	
STREET ADDRESS	515 E. LAS OLAS BLVD.		4.3 STREET ADDRESS	515 E. Las Olas Boulevard	
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	Fort Lauderdale, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	800001915218	
STREET ADDRESS			6.3 STREET ADDRESS	-08/07/96--01046--001	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***2796.25	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

8/7/96

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #