

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

CORPORATION  
ANNUAL REPORT  
1995

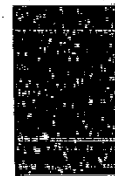


FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # V17721

(4)

1. Corporation Name

UNIVERSAL MEDICAL LABS, INC.

Principal Place of Business

2704 REW CIRCLE  
OCOE FL 34761  
US

Mailing Address

P.O. BOX 507  
GOTHA FL 34743

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
03/02/1992

3a. Date of Last Report  
11/23/1994

4. FBI Number  
59-3113977

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

7. This corporation has liability for intangible tax under S. 199.002,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 c/o 228 Hillcrest St.

City & State

23 Orlando, Florida

Zip

24 32801

Country

25 U.S.

2a. Mailing Address

26

Suite, Apt. #, etc.

27 c/o 228 Hillcrest St.

City & State

28 Orlando, Florida

Zip

29 32801

Country

30 U.S.

8. Name and Address of Current Registered Agent

SONNENSCHN, MICHAEL D  
135 W. CENTRAL BLVD., SUITE 1100  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name M.D. Sonnenschein

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

83

84 City Orlando,

FL

85 Zip Code  
32801

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 *[Signature]* MICHAEL D SONNENSCHN 4/14/95

NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | PD               |
| NAME           | SIDDIQUI, SHAKIR |
| STREET ADDRESS | 2704 REW CIRCLE  |
| CITY, ST, ZIP  | OCOE FL          |
| TITLE          | VSTD             |
| NAME           | THANWEY, RAHILA  |
| STREET ADDRESS | 2704 REW CIRCLE  |
| CITY, ST, ZIP  | OCOE FL          |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                       |                                                                   |
|-------------------|-----------------------|-------------------------------------------------------------------|
| 11 TITLE          | PD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | SIDDIQUI, SHAKIR      |                                                                   |
| 13 STREET ADDRESS | c/o 228 Hillcrest St. |                                                                   |
| 14 CITY, ST, ZIP  |                       |                                                                   |
| 21 TITLE          | VSTD                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | THANWEY, RAHILA       |                                                                   |
| 23 STREET ADDRESS | c/o 228 Hillcrest St. |                                                                   |
| 24 CITY, ST, ZIP  |                       |                                                                   |
| 31 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                       |                                                                   |
| 33 STREET ADDRESS |                       |                                                                   |
| 34 CITY, ST, ZIP  |                       |                                                                   |
| 41 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                       |                                                                   |
| 43 STREET ADDRESS |                       |                                                                   |
| 44 CITY, ST, ZIP  |                       |                                                                   |
| 51 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                       |                                                                   |
| 53 STREET ADDRESS |                       |                                                                   |
| 54 CITY, ST, ZIP  |                       |                                                                   |
| 61 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                       |                                                                   |
| 63 STREET ADDRESS |                       |                                                                   |
| 64 CITY, ST, ZIP  |                       |                                                                   |

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 149 07(3)(k), Florida Statutes. Further, I 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 prior thereto. 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:

*[Signature]*

SHAKIR SIDDIQUI, PRES. DIR.

4/2/95

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number