FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
2704 REW CIRCLE OCOEE FL 34761 US	P.O. BOX 507 GOTHA FL 34734

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 11/23/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 c/o 228 Hillcrest St.	Suite, Apt. #, etc.: 27 c/o 228 Hillcrest St.
City & State: 23 Orlando, Florida	City & State: 28 Orlando, Florida
Zip: 24 32801 Country: 25 U.S.	Zip: 29 32801 Country: 30 U.S.

4. FEI 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

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SONNENSCHEIN, MICHAEL D 135 W. CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801	81 Name: M.D.Sonnenschein 82 Street Address (P.O. Box Number is Not Acceptable): 228 Hillcrest Street 83 84 City: Orlando, 85 FL 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: M.D. Sonnenschein 4/14/95
(Type or Print Name of Registered Agent and Date Above) (NOTE: Registered Agent Signature Required When Reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SIDDIQUI, SHAKIR	12 NAME	PD SIDDIQUI, SHAKIR
STREET ADDRESS	2704 REW CIRCLE	13 STREET ADDRESS	c/o 228 Hillcrest St.
CITY ST ZIP	OCOEE FL	14 CITY ST ZIP	
TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
NAME	THANWEY, RAHILA	22 NAME	VSTD THANWEY, RAHILA
STREET ADDRESS	2704 REW CIRCLE	23 STREET ADDRESS	c/o 228 HIllcrest St.
CITY ST ZIP	OCOEE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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.

SIGNATURE: SHAKIR SIDDIQUI, PRES.DIR. 4/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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