

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

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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V43197** (5)

1. Corporation Name
PRISM DIAGNOSTIC LABORATORIES, INC.

Principal Place of Business
**757 SOUTH APOLLO BLVD.
MELBOURNE FL 32901**

Mailing Address
**757 SOUTH APOLLO BLVD.
MELBOURNE FL 32901-1457**

3. Date Incorporated or Qualified
06/11/1992

3a. Date of Last Report
04/12/1996

2. Principal Place of Business
21 **1071 Port Malabar Blvd.** 26 **1071 Port Malabar Blvd.**

Suite, Apt. #, etc.
22 **Ste # 106** 27 **Ste # 106**

City & State
23 **Palm Bay, FL** 28 **Palm Bay, FL**

Zip Country
24 **32905** 25 **USA** 29 **32905** 30 **USA**

4. FEI Number
59-3137004

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

9. Name and Address of Current Registered Agent
**BROWN, ROBERT
757 S. APOLLO BLVD.
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1071 Port Malabar Blvd
83 **Suite 6**
84 City **Palm Bay** FL 85 Zip Code **32905**

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: *Robert J. Brown* **Robert J. Brown** DATE: **2/20/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEISS, GARYPH M MD			1.2 NAME			
STREET ADDRESS	1051 PT. MALABAR BLVD., STE. 8			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32905			1.4 CITY-ST-ZIP			
TITLE	PS	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, ROBERT J			2.2 NAME			
STREET ADDRESS	4510 SWEET BAY AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NEWBERRY, MICHAEL MD			3.2 NAME			
STREET ADDRESS	1051 PT. MALABAR BLVD., STE. 8			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32905			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAPIRO, MARK D MD			4.2 NAME			
STREET ADDRESS	1571 ROBERT J. CONCAN BLVD., STE. 100			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32905			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: *Robert J. Brown* **Robert J. Brown** DATE: **2/20/97** DAYTIME PHONE: **407-722-0222**

CR2E034 (9/96)