

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90106 049 \*\*\*150.00

**DOCUMENT # F03000001638**

1. Entity Name  
**INTERCOUNTY LABORATORIES - USL, INC.**



Principal Place of Business  
**308 N.W. 170 ST.  
NORTH MIAMI BEACH, FL 33169**

Mailing Address  
**C/O THELEN REID & PRIEST LLP  
875 THIRD AVE. #1433  
NEW YORK, NY 10022**

**40061702**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**06-1689244**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPCO  
LYNCH, MARK  
11860 W. STATE ROAD 84, STE. 1  
FORT LAUDERDALE, FL 33325** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
TONG, RICHARD  
11860 W. STATE RD 84, STE. 1  
FORT LAUDERDALE, FL 33325** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
WRIGHT, DICKERSON C  
7895 CONVOY CT. #18  
SAN DIEGO, CA 92111** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HOCKMAN, ALEXANDER A  
308 NW 170 ST  
NORTH MIAMI BEACH, FL 33169** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FC  
DAMASCENO, LUIS CARLOS  
11860 W. STATE ROAD 84, STE. 1  
FT LAUDERDALE, FL 33325** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HAIMES, BURTON K  
875 THIRD AVE. #1433  
NEW YORK, NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Burton K. Haimes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Burton K. Haimes 4-20-06 (212) 603-2060**

Date

Daytime Phone #

# ATTACHMENT

DOCUMENT # F03000001638

Entity Name: INTERCOUNTY LABORATORIES-USL, INC.

40061702

Annex to Florida 2006 For Profit Corporation Annual Report

## Block 11 – Additional Directors/Officers

|         |                                                                   |
|---------|-------------------------------------------------------------------|
| Title   | DIRECTOR (CHAIRMAN)                                               |
| Name    | PIEDELIEVRE, FRANK                                                |
| Address | 17 BIS, PL DES REFLETS – LA DEFENSE 2<br>92400 COURBEVOIE, FRANCE |

|         |                                                                   |
|---------|-------------------------------------------------------------------|
| Title   | DIRECTOR/TREASURER                                                |
| Name    | TARDAN, FRANCOIS                                                  |
| Address | 17 BIS, PL DES REFLETS – LA DEFENSE 2<br>92400 COURBEVOIE, FRANCE |

|         |                                                            |
|---------|------------------------------------------------------------|
| Title   | VICE PRESIDENT                                             |
| Name    | BLACK, STEVEN                                              |
| Address | 11860 W. STATE ROAD 84, STE. 1<br>FT. LAUDERDALE, FL 33325 |