

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90010 010 ***150.00

DOCUMENT # P98000070728

1. Entity Name
CLINICAL MEDICAL LAB, INC.

Principal Place of Business 114-A PONCE DE LEON CORAL GABLES FL 33135	Mailing Address 114-A PONCE DE LEON CORAL GABLES FL 33135-1034
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2. Principal Place of Business 114A Ponce de Leon Suite, Apt. #, etc.	3. Mailing Address 3075 NW 3 ST Suite, Apt. #, etc. M
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City & State CORAL GABLES, FL	City & State MIAMI, FL	4. FEI Number 65-0856951	Applied For <input type="checkbox"/> Not Applicable
Zip 33135	Country USA	Zip 33125	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
O'LAM, PAULINA
12391 S.W. 97 TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **ADRIAN FERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
116 PONCE DE LEON BLVD
 City **CORAL GABLES** FL Zip Code **33135**

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.

SIGNATURE  DATE **02/06/00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, ADRIAN 114-A PONCE DE LEON CORAL GABLES FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADRIAN FERNANDEZ 114-A PONCE DE LEON CORAL GABLES, FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORD, GUILLERMO 114-A PONCE DE LEON CORAL GABLES FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADRIAN FERNANDEZ 114-A PONCE DE LEON CORAL GABLES FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **02/06/00** (305) 525 4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (9/99)