FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91767 041 ***150.00

FORPROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# 550553

1. EntityName
COMMUNITY CLINICAL LAB, INC.

V

90128559

DO NOT WRITE IN THIS SPACE

DONOTWRITEINTHISSPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
432 DRUID RD WEST	432 DRUID RD WEST
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: CLEARWATER, FLA	City&State: CLEARWATER, FLA
Zip: 33756 Country: USA	Zip: 33756 Country: USA

4. FEINumber 59-1793100 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

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7. NameandAddressofCurrentRegisteredAgent

Name: JAMES L. McKEOWN JR

StreetAddress (P.O.BoxNumberisNotAcceptable): 432 DRUID RD WEST

City: CLEARWATER FL ZipCode: 33756

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE: JAMES L. McKEOWN JR VP/SEC/TR DATE: 4/10/03
Signature,typedorprintednameofregisteredagentanddateifapplicable (NOTE RegisteredAgentsignaturesrequiredwhenre instating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. ElectionCampaignFinancing TrustFundContribution ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	McKEOWN, JAMES L. SR
STREETADDRESS	1761 GRACELAND DRIVE
CITY-ST-ZIP	CLEARWATER, FL. 33756
TITLE	VST
NAME	McKEOWN, JAMES L. JR
STREETADDRESS	432 DRUID ROAD WEST
CITY-ST-ZIP	CLEARWATER, FL. 33756
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
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STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector of the corporation or the receiver or trustee empowered to execute this report as required byChapter607,FloridaStatutes; and that my name appears in Block 10oronan attachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: VP/SEC/TR JAMES L. McKEOWN JR 4/10/03 727-447-1567
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#