2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Suite, Apt. #, etc. Do Not Writte In This SPACE Applied A FEI Number 64-0366456 Applied Status Doubled Status Double	1. Entity Nar	IMENT # 825963 ON LABORATORY SYSTEMS,	INC.	٠	ř.		Apr 03, 20 Secretary 04-03-2001 9003		
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	102 KIRK STRE	EET	P.O. BOX 836 CRYSTAL SPRINGS MS 39	0059				-	111 1 11111 1 11 1
City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired S. Cardificate S. Cardific	Principal Place of Business 3. Mailing Add			355					
And Apple to Design Country Zip Country 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 9. This above named emity submits adverted thin a submits its submits its statement of florida. 10. The submits its statement its submi	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
SCHOLTENS, JAMES G SUB WAYNE AVENUE STE: 1048 ALTAMONTE SPRINGS FL 32701 City FL Zup Code 8. The above named entity submits this statement for the purpose of changing its registered Agent and the submits this statement for the purpose of changing its registered Agent apent and the submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signation, specify privat name of registers agent and the subsective 9. This corporation is eligible to seatisfy its Instangible Tax filling requirement and elects to do so. (See criteria on back) This STD THE STD THE STD	City & Sta	te	City & State	City & State			. FEI Number 64-0366456	<u> </u>	pplied For ot Applicable
SCHOLTENS, JAMES G 808 WAYNE AVENUE STE. 1048 ALTAMONTE SPRINGS FL 32701 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 SIGNATURE SUBMIT OF STOP STOP STAP DEBANTLEY, ADRIENNE STEET ADDRESS CITY-ST-2P SITLE CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNATURE SIGNATURE Debete SIGNATURE STOP Debete SIRET ADDRESS CITY-ST-2P SITLE CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIRET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST	Zip	Country	1 ,	Coun	try	5.	. Certificate of Status Desired		
SCHOLTENS, JAMES G 808 WAYNE AVENUE STE. 1049 ALTAMONTE SPRINGS FL 32701 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. SIGNATURE 8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria or back) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria or back) 10. Election Campaign Financing Trust Fund Contribution. Added to Fe Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT TITLE STD BRANTLEY, ADRIENNE SIRET ADDRESS CITY-ST-2P TITLE DP Delete MAKE SIRET ADDRESS CITY-ST-2P TREASURET/DIRECTOR SIRET ADDRESS CITY-ST-2P TREASURET/DIrector PETS, RANDOLPH D III MAKE SIRET ADDRESS CITY-ST-2P TITLE DRAWLE SIRET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TREASURET/DIrector PETS, RANDOLPH D III MAKE SIRET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TREASURET/DIrector PETS, RANDOLPH D III MAKE SIRET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TREASURET/DIrector PETS, RANDOLPH D III MAKE SIRET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TREASURET/DIrector PETS, RANDOLPH D III MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TREASURET/DIrector PETS, RANDOLPH D III MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS CITY-ST-2P		6. Name and Address of Current	Registered Agent		Nama	7.	. Name and Address of New Regist	ered Agent	
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	808 STE.	WAYNE AVENUE . 1048	i		Street A	ddress (P.O	. Box Number is Not Acceptable)		
SIGNATURE Signature. Typical or printed name of registered agent and othe if applicative. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE MAME STRET ADDRESS 11. CANTERBURY PLACE STRET ADDRESS 11. CANTERBURY PLACE STRET ADDRESS STRET A			ļ.		City			FL Zip Cod	ie
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DP SMITH, VICTOR STREET ADDRESS CITY-ST-ZIP TITLE CD STREET ADDRESS CITY-ST-ZIP TITLE D CRYSTAL SPRINGS MS 39059 TITLE SORGENFREI, MARK A STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE D CRYSTAL SPRINGS MS 39059 TITLE SORGENFREI, MARK A STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE UP STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE UP WOOD, CLAUDE S III 1028 BEALL RD. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP WOOD, CLAUDE S III 1028 BEALL RD. Change AMAE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP AMAE CHANGE CHAN	9. This corporate Tax filing	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 2	'!!! FEE 001 Fee	IS \$150. will be \$5	00 550.00	10. Election Campaign Financin	9 _ \$5.0	
BRANTLEY, ADRIENNE 112 CANTERBURY PLACE RIDGELAND MS 39157 TITLE DP Delete STREET ADDRESS CITY-ST-ZIP TITLE CRYSTAL'SPRINGS MS 39059 TITLE SORGENFREI, MARK A STREET ADDRESS CITY-ST-ZIP TITLE DD TITLE SORGENFREI, MARK A STREET ADDRESS CITY-ST-ZIP DD Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DD Delete STREET ADDRESS CITY-ST-ZIP DD DELETE SORGENFREI, MARK A STREET ADDRESS CITY-ST-ZIP DD DELETE STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP WOOD, CLAUDE S III STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP DELETS, RANDOLPH D III STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP WOOD, CLAUDE S III STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CIT	11.		DIRECTORS	12.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME SMITH, VICTOR SMITH, VICTOR STREET ADDRESS CITY-ST-ZIP CRYSTAL SPRINGS MS 39059 TITLE CD Delete TITLE SORGENFREI, MARK A STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE D Delete TITLE D DELETS, RANDOLPH D III NAME STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP D DELET STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP D DELET STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP D DELET STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP DELET STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP DELET STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP DELET STREET ADDRESS CITY-ST-ZIP JACKSON MS 39208 TITLE VP DELET STREET ADDRESS CITY-ST-ZIP HAZLEHURST MS 39083 TITLE SVP DELET STREET ADDRESS CITY-ST-ZIP HAZLEHURST MS 39083 TITLE SVP DELET DEL	NAME STREET ADDRESS	BRANTLEY, ADRIENNE 112 CANTERBURY PLACE	Delete	, NAM STRE	E Et address			☐ Change	Addition
TITLE CD Delete TITLE SORGENFREI, MARK A 1517 KRISTEN DR. STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE D Delete TITLE NAME PEETS, RANDOLPH D III NAME STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE VP Delete TITLE VP Delete TITLE WOOD, CLAUDE S III NAME WOOD, CLAUDE S III NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP HAZLEHURST MS 39083 TITLE SVP Delete TITLE SVP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP HAZLEHURST MS 39083	NAME STREET ADDRESS	SMITH, VICTOR 3 CRANEBRAKE DR.	Delete	NAM! STRE	ET ADDRESS		المعالجة المعارب	Change	Addition
NAME PEETS, RANDOLPH D III STREET ADDRESS CITY-ST-ZIP JACKSON MS 39211 TITLE NAME WOOD, CLAUDE S III 1028 BEALL RD. CITY-ST-ZIP NAME FITZGERALD, BRYAN A NAME Peets, III, Randolph D. 700 Pineway Hill Jackson, MS 39208 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	CD SORGENFREI, MARK A 1517 KRISTEN DR.	☐ Delete	NAME STRE	ET ADDRESS	Treasu	rer/Director	X Change	☐ Addition
TITLE	NAME STREET ADDRESS	PEETS, RANDOLPH D III 1486 KRISTEN DRIVE JACKSON MS 39211	☐ Delete	NAME STREE	ET ADDRESS	Peets, 700 Pi	, III, Randolph D. neway Hill	☑ Change	Addition
NAME FITZGERALD, BRYAN A NAME	name Street address	WOOD, CLAUDE S III 1028 BEALL RD. HAZLEHURST MS 39083	☐ Delete ,	NAME STREE	ET ADDRESS			☐ Change	Addition
CITY-ST-ZIP JACKSON MS 39212 13. I hereby certify that the information supplied with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informal indicated on this report or supplemental report is true and exclurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attaghment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP	FITZGERALD, BRYAN A 4657 OLD LAKE RD. JACKSON MS 39212		NAME STREE CITY-	ET ADDRESS ST-ZIP				Addition

Victor L. Smith/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 601-892-2731

Daytime Phone #