

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90082 006 ***150.00

05/08/02 AT

DOCUMENT # F00000006764

1. Entity Name
CLINICAL LABFORCE OF AMERICA, INC.

Principal Place of Business
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

Mailing Address
**415 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3549538**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PTD MACCARRONE, HARRY V 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Arthur A. Feltman* **Arthur A. Feltman** *3/4/02* *(516) 437-3300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)