

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90119 047 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES



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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MACCARRONE, HARRY V 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENDE, ROBERT F 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNICELLI, LINDA 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FELTMAN, ARTHUR A 415 CROSSWAYS PARK DRIVE WOODBURY NY 11797	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/CEO/CFO/D HARRY V. MACCARRONE 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VICE PRESIDENT - ENDE, ROBERT F. FINANCE 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S ANNICELLI, LINDA 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS FELTMAN, ARTHUR A. 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLIO, TERESA 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAIBORNE, DIANE 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ARTHUR A. FELTMAN
ARTHUR A. FELTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President + Asst. Secretary

2/3/03 (516) 437-3300

Daytime Phone #

CR2E034 (10/02)

attachment

10018603

#F00000006764

**CLINICAL LABFORCE OF AMERICA, INC.
OFFICER/DIRECTOR LIST**

Officers

Harry V. Maccarrone 415 Crossways Park Drive, Woodbury, NY 11797
(President/CEO/Treasurer/CFO)

Robert F. Ende 415 Crossways Park Drive, Woodbury, NY 11797
(Senior Vice President -Finance)

Linda Annicelli 415 Crossways Park Drive, Woodbury, NY 11797
(Vice President & Secretary)

Arthur A. Feltman 415 Crossways Park Drive, Woodbury, NY 11797
(Vice President & Assistant Secretary)

Teresa Golio 415 Crossways Park Drive, Woodbury, NY 11797
(Vice President)

Diane Claiborne 415 Crossways Park Drive, Woodbury, NY 11797
(Vice President)

Directors

Harry V. Maccarrone 415 Crossways Park Drive, Woodbury, NY-11797