

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90097 036 ***150.00

DOCUMENT # F95000005010

1. Entity Name
LABSOUTH, INC.



Principal Place of Business
**3221 3 AVE S
BIRMINGHAM AL 35222
US**

Mailing Address
**3221 3 AVE S
BIRMINGHAM AL 35222
US**

00000000



2. Principal Place of Business

3. Mailing Address

231 Maple Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tax Dept

City & State

City & State

Burlington, NC

Zip

Country

Zip

27215

Country

Alamance

4. FEI Number

63-0992115

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, ROBERT B MD	
STREET ADDRESS	3221 3 AVE S	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, HARVEY A	
STREET ADDRESS	14900 LANDMARK BLVD STE 200	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BISKUP, ZBIG	
STREET ADDRESS	14900 LANDMARK BLVD STE 200	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERIF, OSAMA	
STREET ADDRESS	14900 LANDMARK BLVD STE 200	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wesley R. Elingburg	
STREET ADDRESS	231 Maple Ave.	
CITY-ST-ZIP	Burlington, NC 27215	
TITLE	D/P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradford Smith	
STREET ADDRESS	358 S. Main St.	
CITY-ST-ZIP	Burlington, NC 27215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03

336-436-4207

CR2E034 (10/02)