

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002826

1. Entity Name

ALLERGY TESTING LABORATORIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90014 024 ***150.00

00039561



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
908 NW 57TH ST STE G GAINSVILLE FL 32603 US	1524 S 1H35 STE 312 AUSTIN TX 78704 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	74-2832287	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST STE 105 TALLAHASSEE FL 32301

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 _____

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, 2000 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	
TITLE	CPD
NAME	DEFESCHE, CHARLES L MD
STREET ADDRESS	98 SANJACINTO BLVD. STE 540
CITY-ST-ZIP	AUSTIN TX 78701-4039
TITLE	D
NAME	BEHRMAN, DARRYL
STREET ADDRESS	126 E 56TH ST
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	S
NAME	VISSER, MARK P
STREET ADDRESS	126 E 56TH ST
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	D
NAME	BEHRMAN, GRANT G
STREET ADDRESS	13 ROLLING HILLS LANE
CITY-ST-ZIP	HARRISON NY 10538
TITLE	P
NAME	MIGNATTI, ROBERT A
STREET ADDRESS	6202 ROYAL BIRKDALE
CITY-ST-ZIP	AUSTIN TX 78746
TITLE	VPLO
NAME	KITOS, GARY A
STREET ADDRESS	8817 SW 61ST AVE
CITY-ST-ZIP	GAINSVILLE FL 32608

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
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	
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	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/00 5124415230
Date Daytime Phone #

CR2E034 (9/99)