

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005302

1. Entity Name

BIOCLINICAL CONCEPTS, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90004 043 ***558.75

Principal Place of Business

Mailing Address

101-B CREEK RIDGE RD
GREENSBORO NC 27406

PO BOX 16043
GREENSBORO NC 27416-0043

2. Principal Place of Business

103-F Creekridge Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Greensboro, NC

City & State

4. FEI Number

54-1865807

Applied For

Not Applicable

Zip

27406

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BUCHANAN, RONALD W
STREET ADDRESS 101-B CREEK RIDGE RD
CITY-ST-ZIP GREENSBORO NC 27406

TITLE P ☐ Change ☒ Addition
NAME Audrey Ho Ping Ting
STREET ADDRESS 103-F Creekridge Rd.
CITY-ST-ZIP Greensboro, NC 27406

TITLE VGC ☒ Delete
NAME RENOUF, CHRISTOPHER J
STREET ADDRESS 101-B CREEK RIDGE RD
CITY-ST-ZIP GREENSBORO NC 27406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SMITH, MARCUS E
STREET ADDRESS 7335 LEE HIGHWAY
CITY-ST-ZIP RADFORD VA 24141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO ☒ Delete
NAME EVERHART, JAMES D
STREET ADDRESS 101-B CREEK RIDGE RD.
CITY-ST-ZIP GREENSBORO NC 27406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOW, DIXON D
STREET ADDRESS 7335 LEE HIGHWAY
CITY-ST-ZIP RADFORD VA 24141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME KIRK, RANDAL J
STREET ADDRESS 7335 LEE HIGHWAY
CITY-ST-ZIP RADFORD VA 24141

TITLE ☐ Change ☐ 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 attachment with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Marcus E. Smith 5/30/00 540-731-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E134 (9/99)