

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H07054

1. Entity Name  
MEDGENETICS DIAGNOSTIC LABORATORIES, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90095 025 \*\*\*150.00

Principal Place of Business

807 S. ORLANDO AVE. #S  
WINTER PARK FL 32789

Mailing Address

807 S. ORLANDO AVE. S  
WINTER PARK FL 32789  
US

2. Principal Place of Business

8100 Chancellor Drive

3. Mailing Address

7289 GARDEN ROAD

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, Florida

City & State

Riviera Beach FL

Zip

32809

Country

Orange

Zip

33404

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2417615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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

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, 2001 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 DP  
NAME KOHN, PETER H., PH.D.  
STREET ADDRESS 25 WINDSOR ISLE  
CITY-ST-ZIP LONGWOOD FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME BRIAN C. CARR ☐ Change ☒ Addition  
STREET ADDRESS 7289 GARDEN ROAD, Suite 200  
CITY-ST-ZIP Riviera Beach, FL 33404

TITLE VP  
NAME ALAN LEVIN, M.D. ☐ Change ☒ Addition  
STREET ADDRESS 7289 GARDEN ROAD, Suite 200  
CITY-ST-ZIP Riviera Beach FL 33404

TITLE VP/S/T/D  
NAME Gregory A. Marsh ☐ Change ☒ Addition  
STREET ADDRESS 7289 GARDEN ROAD Suite 200  
CITY-ST-ZIP Riviera Beach FL 33404

TITLE VP  
NAME James Billington ☐ Change ☒ Addition  
STREET ADDRESS 7289 GARDEN ROAD, Suite 200  
CITY-ST-ZIP Riviera Beach, FL 33404

TITLE D  
NAME James C. New ☐ Change ☒ Addition  
STREET ADDRESS 7289 GARDEN ROAD, Suite 200  
CITY-ST-ZIP Riviera Beach FL 33404

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

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:

G. A. Marsh Gregory A. Marsh

4/30/01

561 845-1850

CR2E034 (10/00)