

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H83337

1. Entity Name

MEDICAL LABORATORY CONSULTANTS, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90014 048 \*\*\*150.00

Principal Place of Business

2891 S.W. 13TH CT.  
DEERFIELD BCH FL 33442 - 5919

Mailing Address

2891 S.W. 13TH CT.  
DEERFIELD BCH FL 33442 - 5919

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

59-2642595

Applied For

Not Applicable

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

WEITZNER, PATRICIA F.  
2891 S. W. 13TH COURT  
DEERFIELD BEACH FL 33442

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	WEITZNER, PATRICIA F			
	2891 SW 13TH CT			
	DEERFIELD BCH FL			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input 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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/2000

7-11-2000

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

To Whom It may concern:

I called Stacy regarding the fact I never received the original or just notice from your department regarding the payment of the annual corporate fee. She stated I should write this letter and enclose the \$150.00 check it would be ok.

I had the same problem in 1998, and was told to call your office before May first, I did & did not have any problems in 1999.

In 2000 I had open heart surgery and did not follow thru on my usual commitments.

I have been in business for 15 yrs, why is it that lately I am not getting these notices? My address is ok - I did further expand on my zip code to facilitate the delivery of this form. Stacy told me these are mailed out at beginning of year. I will try to remember to call in 2001 for my form. Thank you for accepting my check

Sincerely

Patricia Weitzner, Pres. Medical Lat  
P.M. - 11-11-2000