2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90072 037 ***158.75

DOCUMENT # K09701

1. Entity Name
LABORATORY MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5337 DELTONA, FL 32728 US change: New	P.O. BOX 5337 DELTONA, FL 32728 US CHANGE: New

2. Principal Place of Business		3. Mailing Address	
Dept. of Pathology		303 N. Clyde Morris	
Suite, Apt. #, etc. Halifax Medical Center		Suite, Apt. #, etc. Dept. of Pathology	
City & State Daytona Bch, FL		City & State Daytona Bch, FL	
Zip 32114	Country USA	Zip 32114	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2863708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEPUS, MARTIN
638 COPPER BEACH BLVD
DELTONA, FL 32725
Delete

7. Name and Address of New Registered Agent

Name William P. Douglass
Street Address (P.O. Box Number is Not Acceptable) 910 John Anderson Dr
City Ormond Beach FL Zip Code 32176

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 Wm P Douglass 6-17-2003
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 NAME STREET ADDRESS CITY-ST-ZIP	D PEPUS, MARTIN 638 COPPER BEACH BLVD DELTONA, FL 32725	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, WILLIAM P 910 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Wm P Douglass William P. Douglass 6-17-03 (386)254-4139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #