

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90179 036 \*\*\*150.00

**DOCUMENT # K34676**

1. Entity Name  
**DIAGNOSTIC CYTOPATHOLOGY LABORATORY, INC.**



Principal Place of Business  
**C/O THOMAS C. WALSER  
7015 BERACASA WAY, SUITE 201  
BOCA RATON FL 33433**

Mailing Address  
**C/O THOMAS C. WALSER  
7015 BERACASA WAY, SUITE 201  
BOCA RATON FL 33433**

**10013313**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0096492**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALSER, THOMAS C.  
7015 BERACASA WAY  
SUITE 201  
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
**DP  
SANTAELLA, IDALIA  
17792 FIELDBROOK CIR WEST  
BOCA RATON FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
APORTELA, ESTRELLA  
C/O 17792 FIELDBROOK CIR W  
BOCA RATON FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
BACALLAO, ELVIA  
C/O 17792 FIELDBROOK CIR WEST  
BOCA RATON FL** ☐ Delete

TITLE  
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CITY - ST - ZIP  
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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: *Idalia Santaella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03 (305) 448-7213  
Date Daytime Phone #

CR2E034 (10/02)