2000 UNIFORM BUSINESS REPORT (UBR)

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DOCU	MENT #	L9800	0000573				FILED) C STATE		
MANAGED ATHLETIC TESTING SERVICES, LLC						.01.	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plan	ce of Business		Mailing Address	•		- 0	O AUG 31 A	M 10: 02	•	
	eral Hwy. Suite	£ 205-8	4800 N. FEDERAL HWY	4900 N. FEDERAL HWY. SUITE 205-B BOCA RATON FL 33431			_	$\rightarrow d$		
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2. Principal Place of Business 3. N			3. Mailing Address	Mailing Address				 	i se jih belgi b ili.	
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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Zip		Country	Zip	Coun	try	5. Certific	ate of Status Desired	×	\$5.00 Ade	
	6. Name an	d Address of Current R	legistered Agent			7. Name a	and Address of New	Registered	Agent	
00: 555	DO 1151511	14 D			Name					
	rg, Henry M Uth Ocean B			Street Address		ss (P.O. Box Nur	mber is Not Acceptab	ole)		
	ID BEACH FL 3								 	
				i	City			Fl	Zip Cod	le
	_	ibmits this statement for i		OTE: Registered	Agent signature requ	uired when reinstating)		Florida.		·
8. The above	_		id title if applicable. (AX	OTE: Registered	Agent signature req	uired when rainstating				
	_		d title if applicable. (NX FILE I Make Check F	OTE: Registered	Agent signature req	uired when rainstating				
SIGNATURE 9. IIILE	Signature, typed or pr	inted name of registered agent and	d title if applicable. (NX FILE I Make Check F	NOW!!! Fayable to	Agent signature required to the signature re	uired when rainstating		DATE	S Change	☐ Addition
SIGNATURE	Signature, typed or pr MGRM GOLDBERG, 2358 SOUTH	MANAGING MEMBER HENRY M M.D.	od title if applicable. (NY FILE I Make Check F	NOW!!! Feature of the control of the	Agent signature required to the signature re	uired when rainstating		DATE		Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-23-00

561-367-1607

Daytime Phone #