

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000000573

FILED
May 09, 2002 8:00 AM
Secretary of State

Entity Name: MANAGED ATHLETIC TESTING SERVICES, LLC

Current Principal Place of Business:

4800 N. FEDERAL HWY, SUITE 205-B
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4800 N. FEDERAL HWY, SUITE 205-B
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0831529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDBERG, HENRY M M.D.
2358 SOUTH OCEAN BLVD
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOLDBERG, HENRY M M.D.
Address: 2358 SOUTH OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM () Delete
Name: BERNSTEIN, JOSEPH M TRUSTEE
Address: 780 NORTH WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

Title: MGRM () Delete
Name: GOLDBERG, HENRY M TRUSTEE
Address: 780 NORTH WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY M. GOLDBERG, M.D.

MGRM

05/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date