Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003278  1. Emity Name M.D. SCIENCE LAB, L.L.C.  0. MAR 27 AM 9: 02  SECRETARY OF STATE FALLAHASSEE. FLORIDA 283 CORAL SHORES DRIVE FT. LAUDERDALE FL. 33306  2. Principal Paces of Business Subject of Registered State Subject of Registered State Subject of Registered Agent  2. Principal Paces of Registered State Subject of Registered Agent  2. Principal Paces of Registered Agent  3. Mailing Address Subject of Registered Agent  3. Mailing Address Subject of Registered Agent  4. FEI Number Country  5. Country  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name ALBRECHT, RALPH W JR. 2913 CORAL SHORES DRIVE FT. LAUDERDALE FL. 33306  City S. State  City S. Sta	2000	INU C	FORM BUS	INE	SS REPO	RT	(UBR)		APPROVED			
M.D. SCIENCE LAB, L.L.C.  On MAR 27 AM 9: 02  SECRETARY OF STATE  Finding Place of Gusiness  Mailing Address 293 CORAL SHORES DRIVE FT. LAUDERDALE FL 33306  2. Piriodial Place of Business  Suite, Apr # 8 etc.  City & State  City & St								FILED				
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F. LAUDERDALE FL 33306  F. LAU								TALL	AHA'SSEE, FLORID	A D	110.	
2. Principal Place of Business Subject April #, etc.  Subject Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  ALBRECHT, RALPH W.R. 2913 CORAL SHORES DRIVE  FT. LAUDERDALE FL 33306  City  FL   Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address (P.O. Box Number is Not Acceptable)  FL   Zup Code  Subject Address of New Registered Agent  FL   Zup Code  Subject Address of New Registered Agent  FL   Zup Code  FL   Zup Code  FL   Zup Code  Subject Address of New Registered Agent  FL   Zup Code  FL   Zup Co										ry	114	
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City & State  Country  Country  5. Certificate of Status Desired   \$5.00 Additional Fee Required  Fee Required  Fee Required  Fee Required  Street Address (P.O. Bow Number is Not Acceptable)  Street Address (P.O. Bow Number is Not Acceptable)  City  FL Zip Code								'	100110011 048 18880 10011 88611 06111	<b>7</b> 201 <b>32</b> 114 <b>33</b> 13 <b>3</b> 1111 <b>3</b> 1	1011 (0001 1011	1 1891
Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Free Required   \$5.	Suite, Apt.	#, etc.		Si	uite, Apt. #, etc.		,		DO NOT WRITE	N THIS SPACE		
Signature, 1/2002	City & Stat	te		Ci	ty & State			4. FEI N	lumber - <i>0</i> 922727			
ALBRECHT, RALPH W JR. 2913 CORAL SHORES DRIVE FT. LAUDERDALE FL 33306  Total Description of the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    City   FL   Zip Code	Zip		Country	Zi	р	Coun	try					
2913 CORAL SHORES DRIVE FT. LAUDERDALE FL 33306  City  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 privated name of registered agent and take if applicable.  NOTE Registered Agent signature required when reinstaining)  P.  MANAGING MEMBERS   10.   ADDITIONS/CHANGES  TITLE   NAME   Debtts   TITLE   NAME   STREET ADDRESS   CITY- 51- ZIP  TITLE   MGR   Debtts   STREET ADDRESS   CITY- 51- ZIP  TITLE   MGR   Debtts   STREET ADDRESS   CITY- 51- ZIP  TITLE   NAME   STREET ADDR		6. Name	and Address of Current	Registe	ered Agent	-	Name					
TILE MGR ALBRECHT, RALPH ALBRE	ALBRECHT, RALPH W JR.						Street Address	s (P.O. Box N	umber is Not Acceptable)			
SIGNATURE SIGNAT												
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE							City			FL Zip (	Code	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State    Powell, Richard Remains   Debate   Title   Change   Addition   Rame   Change   Chang	8. The above	named entity	submits this statement for	or the pu	rpose of changing its	register	ed office or regist	ered agent, o	or both, in the State of Florid	a.		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  TITLE MGR POWELL, RICHARD R TITLE NAME STREET ADDRESS 13014 NORTH DALE MABRY, SUITE 319  TTHE MGR CITY-87-ZIP TAMPA FL 33618  TITLE MGR CRADITION STREET ADDRESS CITY-87-ZIP  NAME ALBRECHT, RALPH STREET ADDRESS CITY-87-ZIP  TITLE MARE STREET ADDRESS CITY-87-ZIP  TITLE DEBUTO TITLE STREET ADDRESS CITY-87-ZIP  TITLE STREET ADDRESS CITY-87-ZIP  TITLE CITY-87-ZIP  TITLE STREET ADDRESS CITY-87-ZIP	SIGNATURE	Signature, typed	or printed name of registered agent	and title if a	applicable. (NOT	E <sup>,</sup> Registere	d Agent signature requi	red when reinstating	ng)	DATE		-
9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  TITLE MGR DOWELL, RICHARD R STREET ADDRESS 13014 NORTH DALE MABRY, SUITE 319  TITLE MGR DEBOTO TITLE MGR STREET ADDRESS 13014 NORTH DALE MABRY, SUITE 319  TITLE MGR DEBOTO TITLE Change Addition NAME STREET ADDRESS 13014 NORTH DALE MABRY SUITE 319  TITLE MGR DEBOTO TITLE CHANGE CITY-ST-ZIP  TITLE MGR ALBRECHT, RALPH STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME  STREET ADDRESS CITY-ST-ZIP  TITLE MAME  STREET ADDRESS CITY-ST-ZIP  TITLE MAME  STREET ADDRESS CITY-ST-ZIP  TITLE MAME  STREET ADDRESS CITY-ST-ZIP  TITLE MAME  STREET ADDRESS CITY-ST-ZIP  TITLE MAME  STREET ADDRESS CITY-ST-ZIP  TITLE MAME  Addition  Addition						• • •					· .	
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11. 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												