

2000 UNIFORM BUSINESS REPORT (UBR)

0001850 AF

APPROVED
AND
FILED

00 MAY -3 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000566

1. Entity Name
IBT CLINICAL LABS LIMITED COMPANY

Principal Place of Business

5821 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Mailing Address

5821 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021-6327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0779711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS KELLER, ROBERT H M.D.
CITY-ST-ZIP 5821 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003269549--7
CITY-ST-ZIP -05/30/00--01006--014
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS PATRICK, CATHERINE W PH.D.
CITY-ST-ZIP 5821 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS KIRCHENBAUM, DAVID W
CITY-ST-ZIP 5821 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 indicated on this report is true and accurate and that my 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:

David W Kirchenbaum
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)