

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000602

1. Entity Name  
PROTOCOL POINT OF CARE LABORATORY MANAGEMENT, L.

Principal Place of Business  
18-2 EAST DUNDEE ROAD, SUITE ~~202~~ 204  
BARRINGTON IL 60010

Mailing Address  
18-2 EAST DUNDEE ROAD, SUITE ~~202~~ 204  
BARRINGTON IL 60010-5274

2. Principal Place of Business

Suite, Apt. #, etc.

204

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

204

City & State

Zip

Country

4. FEI Number

36-4099462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
FREIBRUN, RICHARD B  
7819 MAPLE STREET  
MORTON GROVE IL 60053

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
ROOT, CHARLES DR.  
18-2 EAST DUNDEE ROAD, SUITE ~~202~~ 204  
BARRINGTON IL 60010

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
PELLER, J. ROBERT  
175 E. DELAWARE PLACE, SUITE 6910  
CHICAGO IL 60611

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
ROBERTSON, KENNETH H  
855 S. FEDERAL HIGHWAY, SUITE 206  
BOCA RATON FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
WOCHNA, GERALD  
2029 N.W. 30TH ROAD  
BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

100003284131--3  
-06/12/00--01015--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Robert Peller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5-1-00 (773) 477-3363

CR2E083 (9/99)

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