

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # M98000001021

1. Entity Name

OAKRIDGE CLINICAL LABORATORY, LLC

00 MAY -6 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5601 NORTH DIXIE HIGHWAY, SUITE 411  
FT. LAUDERDALE FL 33434

Mailing Address

5601 NORTH DIXIE HIGHWAY, SUITE 411  
FT. LAUDERDALE FL 33434

2. Principal Place of Business

1000 N.E. 56th Street

3. Mailing Address

1000 N.E. 56th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

4. FEI Number

65-0859213

Applied For

Not Applicable

Zip  
33334

Country  
Broward

Zip  
33334

Country  
Broward

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MATZNER, GARY  
2400 S. DIXIE HIGHWAY, SUITE 200  
MIAMI FL 33126

## 7. Name and Address of New Registered Agent

Name  
Matzner, Gary

Street Address (P.O. Box Number is Not Acceptable)  
1000 N.E. 56th Street

City  
Fort Lauderdale

FL

Zip Code  
33334

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  
GULAREK, JAMES J  
5601 NORTH DIXIE HIGHWAY, SUITE 411  
FT. LAUDERDALE FL 33434 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NORIEGA, RUDY J  
5601 NORTH DIXIE HIGHWAY, SUITE 411  
FT. LAUDERDALE FL 33434 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MATZNER, GARY C  
5601 NORTH DIXIE HIGHWAY, SUITE 411  
FT. LAUDERDALE FL 33434 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RODRIGUEZ, CECILIO M  
5601 NORTH DIXIE HIGHWAY, SUITE 411  
FT. LAUDERDALE FL 33434 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Campbell, M.D., Doyle  
1000 N.E. 56th Street  
Fort Lauderdale, FL 33334 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Noriega, Rudy J.  
1000 N.E. 56th Street  
Fort Lauderdale, FL 33334 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Matzner, Gary  
1000 N.E. 56th Street  
Fort Lauderdale, FL 33334 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

SIGNATURE REQUIRED CEO

4/28/00

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

Date

Daytime Phone #