2000 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2000 8:00 am DOCUMENT # N97000002351 **Secretary of State** PROFESSIONAL ASSOCIATION FOR LABORATORY MEDICINE 03-06-2000 90010 030 ****61.25 Mailing Address Principal Place of Business 2007 DEERFIELD CIR. P O BOX 6014 FT MYERS FL 33911-6014 NAPLES FL 34109 UUU31771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3480948 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VANDERHEYDEN, BRENDA 2007 DEERFIELD CIR NAPLES FL 34109 Zip Code City 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition ☐ Delete TITLE TITLE NAME NAME VANDERHEYDEN, BRENDA STREET ADDRESS STREET ADDRESS 2007 DEERFIELD CIR CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34109 ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME WALLER, DORIS STREET ADDRESS STREET ADDRESS P O BOX 6014 N/A CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33911 ☐ Change Addition ☐ Delete TITLE TITLE MCGRAIL, KEVIN NAME NAME STREET ARRESS STREET ADDRESS 2007 DEERFIELD CIR CITY-ST-ZIP CITY-ST-ZIP Naples FL 34109 Delete Change ☐ Addition TITLE TITLE NAME NAME HOLLAND, TIM STREET ADDRESS STREET ADDRESS P O BOX 6014 N/A CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33911 Change ☐ Delete TITLE ■ Addition TITLE DS ODGEN/GRABLE, HELEN NAME NAME STREET ADDRESS STREET ADDRESS P 0 BOX 6014 N/A CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33911 Change ☐ Addition TITLE DT ☐ Delete TITLE NAME NAME FEDERICK, ALICIA STREET ADDRESS STREET ADDRESS P O BOX 6014 N/A CITY-ST-2IP

FILED

SIGNATURE: Dreide Van Der Heyden Brenda Van Der Heyden 2/28/2000 941-561-8268

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FT MYERS FL 33911