

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002351

1. Entity Name

PROFESSIONAL ASSOCIATION FOR LABORATORY MEDICINE
INC.

Principal Place of Business

Mailing Address

2007 DEERFIELD CIR
NAPLES FL 34109

P O BOX 6014 ~
FT MYERS FL 33911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3480948

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDERHEYDEN, BRENDA
2007 DEERFIELD CIR
NAPLES FL 34109

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME VANDERHEYDEN, BRENDA
STREET ADDRESS 2007 DEERFIELD CIR
CITY-ST-ZIP NAPLES FL 34109

TITLE Linda Nugteren - DP ☐ Change ☒ Addition
NAME PO Box 6014
STREET ADDRESS Ft Myers, FL 33911
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALLER, DORIS
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

TITLE DVP ☐ Change ☒ Addition
NAME Lynn White
STREET ADDRESS PO Box 6014
CITY-ST-ZIP Ft Myers FL 33911

TITLE D ☐ Delete
NAME MCGRAIL, KEVIN
STREET ADDRESS 2007 DEERFIELD CIR
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Change ☒ Addition
NAME David Brown
STREET ADDRESS PO Box 6014
CITY-ST-ZIP Ft Myers FL 33911

TITLE DP ☒ Delete
NAME HOLLAND, TIM
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

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

TITLE DS ☐ Delete
NAME ODGEN/GRABLE, HELEN
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

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

TITLE DT ☐ Delete
NAME FEDERICK, ALICIA
STREET ADDRESS P O BOX 6014 N/A
CITY-ST-ZIP FT MYERS FL 33911

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

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Nugteren President

4/22/02

Date

Daytime Phone #

CR2E037 (9/01)