

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000051047**1. Entity Name
CLINICAL LABORATORY OF FLORIDA, INC.

Principal Place of Business

12669 N.W. 9TH TERRACE

MIAMI
33182

FL

Mailing Address

12669 N.W. 9TH TERRACE

MIAMI
33182

FL

2. Principal Place of Business

10810 SW 165 ST

3. Mailing Address

10810 SW 165 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33157

Country

US

Zip

33157

Country

US

4. FEI Number

☒ Applied For☐ Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES CARMEN S
12669 N.W. 9TH TERRACEMIAMI
33182

FL

7. Name and Address of New Registered Agent

Name

MC COOK GEORGE P

Street Address (P.O. Box Number is Not Acceptable)

10810 SW 165 ST

City
MIAMI

FL

Zip Code
33157

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 **GEORGE P MC COOK****02/15/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME MC COOK GEORGE P
STREET ADDRESS 12669 N.W. 9TH TERRACE
CITY-ST-ZIP MIAMI FL 33182TITLE D ☐ Delete
NAME MORALES CARMEN S
STREET ADDRESS 12669 N.W. 9TH TERRACE
CITY-ST-ZIP MIAMI FL 33182TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☒ Change ☐ Addition
NAME MC COOK GEORGE P
STREET ADDRESS 10810 SW 165 ST
CITY-ST-ZIP MIAMI FL 33157TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GEORGE P MC COOK**

PD

02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)