

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112075

1. Entity Name

HERNANDO CLINICAL LAB, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90071 002 ***150.00

Principal Place of Business

Mailing Address

11373 CORTEZ BLVD STE 302
BROOKSVILLE FL 34613-5411

11373 CORTEZ BLVD STE 302
BROOKSVILLE FL 34613-5411

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

59-3684303

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

WEIDNER, DONALD W ESQ
C/O DONALD W. WEIDNER, P.A.
11265 ALUMNI WAY STE 201
JACKSONVILLE FL 32246

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUMMINGS, JAMES M.D.
675 HARVARD STREET
BROOKSVILLE FL 34601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
605 LAMAR AVENUE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLICKSMAN, HOWARD M.D.
11373 CORTEZ BLVD STE 302
BROOKSVILLE FL 34613-5411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAHMALJY, GHIATH M.D.
11373 CORTEZ BLVD STE 302
BROOKSVILLE FL 34613-5411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11373 Cortez Blvd. Suite 304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, GARY M.D.
11373 CORTEZ BLVD STE 302
BROOKSVILLE FL 34613-5411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11373 Cortez Blvd. Suite 300 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Cummings, M.D. 2-12-01
Director

Date

352-796-9990

CR2E034 (10/00)