

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90200 049 ***150.00

DOCUMENT # P00000112075

1. Entity Name

HERNANDO CLINICAL LAB, INC.

Principal Place of Business

**11373 CORTEZ BLVD STE 302
 BROOKSVILLE FL 34613-5411**

Mailing Address

**11373 CORTEZ BLVD STE 302
 BROOKSVILLE FL 34613-5411**

2. Principal Place of Business

4080 Commercial Way
 Suite, Apt. #, etc.

3. Mailing Address

605 LAMAR Avenue
 Suite, Apt. #, etc.

City & State

Spring Hill, FL.

City & State

Brooksville, FL.

Zip

34606

Country

HERNANDO

Zip

34601

Country

HERNANDO

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

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

7. Name and Address of New Registered Agent

Name **James R. Cummings, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
ATTN: Judy Lyons
605 LAMAR Avenue
 City **Brooksville, FL** Zip Code **34601**

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 **James R. Cummings, M.D. Director** **4-11-02**
 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, 2002 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	<input type="checkbox"/> Delete
NAME	CUMMINGS, JAMES M.D.	
STREET ADDRESS	605 LAMAR AVENUE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLICKSMAN, HOWARD M.D.	
STREET ADDRESS	11373 CORTEZ BLVD STE 302	
CITY-ST-ZIP	BROOKSVILLE FL 34613-5411	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHMALJY, GHIATH M.D.	
STREET ADDRESS	11373 CORTEZ BLVD. STE 304	
CITY-ST-ZIP	BROOKSVILLE FL 34613-5411	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, GARY M.D.	
STREET ADDRESS	11373 CORTEZ BLVD. STE 300	
CITY-ST-ZIP	BROOKSVILLE FL 34613-5411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED **Howard Glicksman** **4-11-02** **352-799-5411**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)