

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90128 016 ***150.00

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DOCUMENT # P00000112075

1. Entity Name
HERNANDO CLINICAL LAB, INC.



Principal Place of Business
4080 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address
605 LAMAR AVENUE
BROOKSVILLE FL 34601

60022485



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3684303

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, JAMES R M.D.
ATTN: JUDY LYONS
605 LAMAR AVENUE
BROOKSVILLE FL 34601

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CUMMINGS, JAMES M.D.**
STREET ADDRESS **605 LAMAR AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

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

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

TITLE **D** ☐ Delete
NAME **MAHMALJY, GHIATH M.D.**
STREET ADDRESS **11373 CORTEZ BLVD. STE 304**
CITY-ST-ZIP **BROOKSVILLE FL 34613-5411**

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

TITLE **D** ☐ Delete
NAME **WILSON, GARY M.D.**
STREET ADDRESS **11373 CORTEZ BLVD. STE 300**
CITY-ST-ZIP **BROOKSVILLE FL 34613-5411**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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:

James Cummings, M.D. **472-03 352-796-9990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)