

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 23 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000 115036
1. Entity Name
 INDIAN RIVER CLINICAL LABORATORY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 787 37th Street Suite, Apt. #, etc. Suite E-230		3. Mailing Address 787 37th Street Suite, Apt. #, etc. Suite E-230	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32960	Country Indian River	Zip 32960	Country Indian River

4. FEI Number 59-3710356	Applied For: <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sang Y. Whang	
Street Address (P.O. Box Number is Not Acceptable) 8445 SW 148th Drive	
City Miami	FL Zip Code 33158

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 Sang Y. Whang **May 20, 2002**
Signature, typed or printed name of registered agent and date 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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE C/D	NAME Sang Y. Whang	TITLE NAME
STREET ADDRESS 8445 SW 148th Drive	STREET ADDRESS 8445 SW 148th Drive	STREET ADDRESS NAME
CITY- ST- ZIP Miami, FL 33158	CITY- ST- ZIP Miami, FL 33158	CITY- ST- ZIP NAME
TITLE PD	NAME Mimi Hong Allen	TITLE NAME
STREET ADDRESS 2373 Date Palm Road	STREET ADDRESS 2373 Date Palm Road	STREET ADDRESS NAME
CITY- ST- ZIP Boca Raton, FL 33432	CITY- ST- ZIP Boca Raton, FL 33432	CITY- ST- ZIP NAME
TITLE V/T/D	NAME Harold Kim	TITLE NAME
STREET ADDRESS 5360 SW 32nd Way	STREET ADDRESS 5360 SW 32nd Way	STREET ADDRESS NAME
CITY- ST- ZIP Fort Lauderdale, FL 33312	CITY- ST- ZIP Fort Lauderdale, FL 33312	CITY- ST- ZIP NAME
TITLE S/D	NAME Josephine Gordy	TITLE NAME
STREET ADDRESS 8445 SW 148th Drive	STREET ADDRESS 8445 SW 148th Drive	STREET ADDRESS NAME
CITY- ST- ZIP Miami, FL 33158	CITY- ST- ZIP Miami, FL 33158	CITY- ST- ZIP NAME
TITLE NAME	STREET ADDRESS NAME	TITLE NAME
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE: Sang Y. Whang **May 20, 2002** (305) 3235-2604?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)