## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT#

P01000106583



**FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90128 048 \*\*\*150.00

1. Entity Nan	RICAN LAB SERVICES, IN								
Principal Place of Business 20161 NE 16TH PLACE MIAMI FL 33179		Mailing Address 20161 NE 15TH PLACE MIAMI FL 33179		TERRITORI NI CONTINER DELIFAR	9 <b>10</b> % arme <b>a</b> r	TH <b>a a</b> nde <b>a</b> re	13 7 <b>8</b> 188 HILL 1 <b>0</b> 01		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-1153442	-		Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Certificate of Status Desired		\$8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered A	gent		]
		معسال ويهمان المسد	بين	Name			######################################		4
l	J. MILCHMAN, P.A. BT SAMPLE ROAD SUITE 507			Street Address (	P.O. Box Number is Not Acceptable	)			
GORAL SI	PRINGS FL 33,085						Zip Coo		}
·						FL	1		. ]
8. The above the obligat	named entity submits this statement fi tions of registered agent.	or the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Flo	rida. I am fa	miliar with	, and accept	] .
SIGNATURE	Signature, typed or printed name of registered egen	Land title if applicable. (NOTE	: Registered	Agent signature required	when rainstabing)	DATE		<del></del>	
Afte	TLE NOW!!! FEE IS \$150.00 7 May 1,2003 Fee will be \$550.00 K Payable to Florida Department o	of State			Election Campaign Fin     Trust Fund Contribution	• -		00 May Be ed to Fees	
									╛
10.			11.	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	35 IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANCINI, ANTHONY 20161 NE 16TH PLACE MIAMI FL 33179	□ Oeleta					☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS	VD FUTCH, NELSON 20161 NE 16TH PLACE	. 🗖 Delete		T ADDRESS			☐ Change	Addition	CR2E
TITLE NAME	MIAMI FL 33179 STD BOUCHARD, CHARLOTTE	☐ Delete	TITLE	ST-ZIP		•	☐ Change	Addition	-
STREET ADDRESS CITY-ST-ZIP	20161 NE 16TH PLACE MIAMI FL 33179	The same of the sa	STREE	T ADORESS T	A				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		T ADDRESS ST-ZIP		.1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP		1	Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP			Change	☐ Addition	
12. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exem	ption stated in Sec	ction 119.07(3)(i), Florida Statutes. I	urther certify	that the ir	nformation	1

nipleased 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.



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

March 19, 2003

PAN AMERICAN LAB SERVICES, INC. **20161 NE 16TH PLACE MIAMI, FL 33179** 

Subject: PAN AMERICAN LAB SERVICES, INC.

Reference Number: \_\_ / \_\_ P01000106583 \_

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg ANNUAL REPORTS SECTION