

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03450

1. Entity Name

DOCTORS LABORATORY, INC.

FILED

Mar 24, 2000 8:00 am  
Secretary of State

03-24-2000 90096 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2906 JULIA DR  
P.O. BOX 2658  
VALDOSTA GA 31604-2658

2906 JULIA DR  
P.O. BOX 2658  
VALDOSTA GA 31604-2658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1088326

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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 PD ☐ Delete  
NAME DAVIS, DR. BYRON S.  
STREET ADDRESS 2906 JULIA DR  
CITY-ST-ZIP VALDOSTA GA

TITLE SD ☐ Delete  
NAME DOMM, DR. ALBERT  
STREET ADDRESS 2906 JULIA DR  
CITY-ST-ZIP VALDOSTA GA

TITLE VD ☐ Delete  
NAME COURSON, A LAMAR  
STREET ADDRESS 2906 JULIA DR  
CITY-ST-ZIP VALDOSTA GA

TITLE D ☐ Delete  
NAME CONKER, FRANK T  
STREET ADDRESS 2803 COUNTRY CLUB DR  
CITY-ST-ZIP VALDOSTA GA 31602

TITLE D ☒ Delete  
NAME MOSELY, THOMAS H, JR DR  
STREET ADDRESS 2841 N PATTERSON ST  
CITY-ST-ZIP VALDOSTA GA

TITLE C ☐ Delete  
NAME TOMBERLIN, THOMAS F  
STREET ADDRESS 2906 JULIA DR  
CITY-ST-ZIP VALDOSTA GA

TITLE CEO ☐ Change ☒ Addition  
NAME Roy H. Trucks  
STREET ADDRESS 2906 Julia Dr  
CITY-ST-ZIP Valdosta, GA 31602

TITLE D ☐ Change ☒ Addition  
NAME W. Tracy Tolbert  
STREET ADDRESS 1075 Ridge Rd.  
CITY-ST-ZIP Valdosta, GA 31602

TITLE P ☐ Change ☒ Addition  
NAME Boyce W. Turner  
STREET ADDRESS 608 Howell Brook Dr  
CITY-ST-ZIP Valdosta, GA 31602

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

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

TITLE ☐ Change ☐ 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:

*Thomas F. Tomberlin*

Thomas F. Tomberlin 3/21/00 912-244-4469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8289

CR2F034 (9/99)