

# 2002 UNIFORM BUSINESS REPORT (UBR)

0140837 AB

DOCUMENT # P37566

1. Entity Name  
SPECIALTY LABORATORIES, INC.

APPROVED  
AND  
FILED

02 SEP 23 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2211 MICHIGAN AVE.  
SANTA MONICA CA 90404

Mailing Address  
2211 MICHIGAN AVE.  
SANTA MONICA CA 90404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-2961036

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, RICHARD  
7311 N. ARMENIA AVE.  
TAMPA FL 33604

Name  
C T CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S. PINE ISLAND ROAD  
City PLANTATION FL Zip Code 33324

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 *David I. Farber*

DAVID I. FARBER  
ASSISTANT SECRETARY

9/20/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	C PETER, JAMES B MDPHD 2211 MICHIGAN AVE. SANTA MONICA CA 90404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THIELEN, BART E 2211 MICHIGAN AVE. SANTA MONICA CA 90404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEYER, PAUL F 2211 MICHIGAN AVE. SANTA MONICA CA 90404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER, JAMES B. M.D., Ph.D. 2211 MICHIGAN AVE. SANTA MONICA CA 90404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED PAGES 600008165246-7 -10/03/02--01001--012 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE: *David I. Farber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(310) 828-6543

Date Daytime Phone #

CR2E034 (4/02)

**2002 Uniform Business Report (UBR)**

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Entity Name: Specialty Laboratories, Inc.

Block 12: Additions to Officers and Directors in 11

C

Testman, Thomas R.  
2211 Michigan Avenue  
Santa Monica, CA 90404

S/D

Estes, Deborah A.  
2211 Michigan Avenue  
Santa Monica, CA 90404

D

Belluzzo, Richard E.  
2211 Michigan Avenue  
Santa Monica, CA 90404

D

DeParle, Nancy-Ann  
2211 Michigan Avenue  
Santa Monica, CA 90404

D

Gregg, Terrance H.  
2211 Michigan Avenue  
Santa Monica, CA 90404

D

Kane, John C.  
2211 Michigan Avenue  
Santa Monica, CA 90404

D

Nydam, William J.  
2211 Michigan Avenue  
Santa Monica, CA 90404

P/D

Harrington, Douglas S. M.D.  
2211 Michigan Avenue  
Santa Monica, CA 90404

T

Spina, Frank J.  
2211 Michigan Avenue  
Santa Monica, CA 90404

V

Angress, Dan R.  
2211 Michigan Avenue  
Santa Monica, CA 90404

**2002 Uniform Business Report (UBR) - continued**

Document # P37566

V

England, Thomas E. Ph.D.  
2211 Michigan Avenue  
Santa Monica, CA 90404

V

Harman, Robert M.  
2211 Michigan Avenue  
Santa Monica, CA 90404

V

Kosco, Thomas J.  
2211 Michigan Avenue  
Santa Monica, CA 90404

V

Willig, Mark R.  
2211 Michigan Avenue  
Santa Monica, CA 90404



September 19, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32303

Re: Late Fee for Filing of 2002 Uniform Business Report

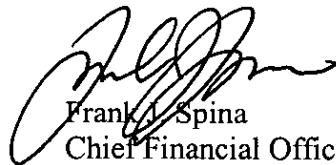
To Whom It May Concern:

Attached please find a check for \$150 for the filing fee for the 2002 Uniform Business Report for Specialty Laboratories, Inc. Pursuant to your request, this letter serves as notice that we did not receive the original or prior late notices.

Please note that we are changing our registered agent to CT Corporation.

Thank you in advance for your assistance.

Sincerely,



Frank J. Spina  
Chief Financial Officer

**CT CORPORATION SYSTEM**

CORPORATION(S) NAME

Specialty Laboratories, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name	9/23/02	Order#: 5606043
Availability _____		
Document		
Examiner _____	AAM	Ref#: _____
Updater _____		
Verifier _____		
W.P. Verifier _____		Amount: \$ _____

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615