

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90060 046 \*\*\*150.00

**DOCUMENT # P94000019517**

1. Entity Name  
**MEDICAL LABORATORIES ASSOCIATES, INC.**



Principal Place of Business  
**3460 FAIRLANE FARMS RD  
SUITE 4  
WELLINGTON FL 33414**

Mailing Address  
**7758 N.W. 44 STREET  
SUNRISE FL 33351**



2. Principal Place of Business

3. Mailing Address

**3460 FAIRLANE FARMS RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4**

City & State

City & State

**Wellington, FL**

4. FEI Number

**65-1056375**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33414**

**FL**

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

**PESTANO, ANTOIN JR.  
7758 N.W. 44 STREET  
SUNRISE FL 33351**

Name

**MARK N. SHAFFER**

Street Address (P.O. Box Number is Not Acceptable)

**19867 DINNER KEY DR.**

City

**BOCA RATON**

**FL**

Zip Code

**33490**

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]*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/18/2003**

**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  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BITTON, SUZANNE**  
STREET ADDRESS **7758 N.W. 44 STREET**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☒ Change ☐ Addition  
NAME **3460 FAIRLANE FARMS RD, Ste 4**  
STREET ADDRESS **WELLINGTON, FL 33414**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**March 31, 2003**

CR2E034 (10/02)