

05-13-2002 90164 038 \*\*\*150.00

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

DOCUMENT # P940000059660 ✓  
 1. Entity Name

FLORIDA MEDICAL LABORATORY

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1521 ATTON RD</u>		3. Mailing Address <u>1521 ATTON RD</u>	
Suite, Apt. #, etc. <u># 136</u>		Suite, Apt. #, etc. <u># 136</u>	
City & State <u>Miami Beach</u>		City & State <u>Miami Beach</u>	
Zip <u>33139</u>	Country <u>USA</u>	Zip <u>33139</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0518337</u>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	<u>Isabel Alvarez</u>	
Street Address (P.O. Box Number is Not Acceptable)		
<u>2201 Collins Ave # A509</u>		
City	<u>Miami Beach</u>	FL Zip Code <u>33139</u>

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) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>
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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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Alvarez Isabel</u> <u>2201 Collins Ave # A509</u> <u>Miami Beach FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 4/21/2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)