-2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURITA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

Apr 22, 2002 8:00 am Secretary of State P94000088085 DOCUMENT # 1. Entity Name 04-22-2002 90305 037 ***150 NUONCOLOGY LABS, INC. Mailing Address Principal Place of Business 4870 HAYGOOD ROAD 4870 HAYGOOD ROAD SHITE 107 SUITE 107 VIRGINIA BEACH VA 23455 VIRGINIA BEACH VA 23455 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0019376 Not Applicable \$8.75 Additional Zin Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE **PSTD** TITLE NAME NAME ENLOW, PHILIP F 4870 HAYGOOD ROAD, STE. 107 STREET ADDRESS Suite 102 STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH VA 23455 CITY-ST-ZIP 📆 Change ☐ Addition Delete TITLE CE₀ TITLE NAME THOMAS, ROBERT S Suite 102 NAME STREET ADDRESS STREET ADDRESS 4870 HAYGOOD ROAD, STIE. 107 CITY-ST-ZIP VIRGINIA BEACH VA 23455 CITY-ST-ZIP Change ☐ Addition TITLE . _ , ☐ Delete TITLE n _ _ Suite 102 NAME WILLIAMS, R. MICHAEL NAME STREET ADDRESS STREET ADDRESS 4870 HAYGOOD ROAD, STTE. 107 CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23455 Change ☐ Addition TITLE ☐ Delete TIT: F Suite 102 NAME BAKER, FRASER L NAME STREET ADDRESS 4870 HAYGOOD ROAD, STTE. 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23455 [Q! Change Addition TITLE Delete TITLE Kane, John F. NAME NAME STREET ADDRESS 4870 Haygood Rd. Suite 102 STREET ADDRESS CITY-ST-ZIP Virginia Beach, VA 23455 ☐ Change CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 chapter on an attachment with an address with all other like appearance.

FILED