

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90116 012 \*\*\*150.00

DOCUMENT # P96000018591  
 i. Entity Name  
**A.R.J. MEDICAL LABORATORY, INC.**

Principal Place of Business <b>LAKE ST. GEORGE DRIVE HARBOR FL 34684</b>	Mailing Address <b>3680 LAKE ST. GEORGE DRIVE PALM HARBOR FL 34684</b>
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Principal Place of Business <b>209 STATE ST. Suite, Apt. #, etc.</b>	3. Mailing Address <b>209 STATE ST. Suite, Apt. #, etc.</b>
City & State <b>OLDSMAR, FLA.</b>	City & State <b>OLDSMAR, FLA.</b>
Zip <b>34677</b> Country <b>U.S.A.</b>	Zip <b>34677</b> Country <b>U.S.A.</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3444889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KEATON, KAREN  
 KEATON & RUTLAND, P.A.  
 ONE BEACH DRIVE, SE, SUITE 200  
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name  
**MORRIS BEHAR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**209 STATE ST.**  
 City  
**OLDSMAR FL** Zip Code  
**34677**

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: *Morris Behar* - **MORRIS BEHAR** DATE: **4-10-00**  
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

OFFICERS AND DIRECTORS

<input checked="" type="checkbox"/> Delete	<b>D DUTKA, JUDY L 3680 LAKE ST. GEORGE DRIVE PALM HARBOR FL 34684</b>
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>DIRECTOR MORRIS BEHAR 209 STATE ST. OLDSMAR FL 34677</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/99)

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: *MORRIS BEHAR* **MORRIS BEHAR** DATE: **4-10-00** 813-855-1559  
Signature and typed or printed name of signing officer or director Date Daytime Phone #