

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90123 019 \*\*\*150.00

**DOCUMENT # P96000025288**

1. Entity Name  
**ON SITE HEALTH TESTING SERVICES, INC.**

Principal Place of Business

8355 NW 12TH STREET  
 MIAMI FL 33126  
 US

Mailing Address

8355 NW 12TH STREET  
 MIAMI FL 33126  
 US

" (New) "

2. Principal Place of Business

**ONSITE HEALTH TESTING SVCS.**

3. Mailing Address

**ONSITE HEALTH TESTING SVCS.**

Suite, Apt. #, etc.

**8491 N.W. 17 STREET #109**

Suite, Apt. #, etc.

**8491 N.W. 17 STREET #109**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0657757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BRADLEY, MARGIE A.**  
**8355 NW 12TH STREET**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **MARGIE A. BRADLEY**

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

**8491 N.W. 17 STREET #109**

City

**MIAMI**

FL

Zip Code

**33126**

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

*Patricia G. Bradley*

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, 2002 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

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	BRADLEY, PATRICK G	
STREET ADDRESS	8355 NW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADLEY, MARGIE A	
STREET ADDRESS	8355 NW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, PATRICK G.	
STREET ADDRESS	8491 N.W. 17 STREET #109	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, MARGIE A.	
STREET ADDRESS	8491 N.W. 17 STREET #109	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/21/12* *3054709810*

CR2E034 (9/01)