

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084695

1. Entity Name

BIOSOURCE CORPORATION

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90048 024 ***150.00

Principal Place of Business

888 E. LAS OLAS BLVD
SUITE 210
FORT LAUDERDALE FL 33301
US

Mailing Address

888 E LAS OLAS BLVD
SUITE 210
FORT LAUDERDALE FL 33301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0702145**

Applied For

Not Applicable

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

WASCH, JOSEPH C
888 E. LAS OLAS BLVD
SUITE 210
FORT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SPEER, RANDOLPH H**
STREET ADDRESS **888 E LAS OLAS BLVD, STE 210**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE **P** ☐ Delete
NAME **GOLDBERG, MICHAEL L**
STREET ADDRESS **888 E LAS OLAS BLVD, STE 210**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L GOLDBERG

04/11/01 (954) 462-1711

Date

Daytime Phone #

CR2E034 (10/00)

~~R~~ MEDICAL SERVICES CORP

Attachment
Doc # P9600084695
Stamp # 642827

April 11, 2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris, Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Katherine Harris, Secretary of State,

Enclosed for filing, please find the 2001 Profit Corporation Annual Reports for the following corporations:

- | | |
|--------------------------------|------------------------|
| 1) RX Medical Services Corp. | Document #P40560 |
| 2) RX Medical Imaging Corp. | Document #P95000025237 |
| 3) RX Medical Management, Inc. | Document #P95000022957 |
| 4) BioSource Corporation | Document #P96000084695 |

Accompanying these four Annual Reports are checks for the filing fees in the amount of \$150.00 per each report.

Sincerely,



Greg Berube
Controller

GB/cfs

Enclosures

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