

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90118 027 ***150.00

DOCUMENT # P97000063657

1. Entity Name
STRATEGIC MEDICAL LABORATORIES, INC.

Principal Place of Business 1221 BRICKELL AVENUE #2600 MIAMI FL 33131	Mailing Address 1221 BRICKELL AVENUE #2600 MIAMI FL 33131
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2. Principal Place of Business 701 BRICKELL AVE Suite, Apt. #, etc. 2500	3. Mailing Address 701 BRICKELL AVE Suite, Apt. #, etc. 2500
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 65-0824698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERGER, DAVID J
1221 BRICKELL AVE
2600
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **DAVID J. BERGER**
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVE
Suite 2500
City **MIAMI** FL **33131**

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  DATE **1/31/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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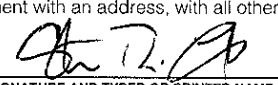
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, DAVID J 1221 BRICKELL AVENUE #2600 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BURSTEIN, JACK D 1221 BRICKELL AVE, STE 2600 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD COOK, STEVEN R 1221 BRICKELL AVE, STE 2600 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 Brickell Ave #2500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 Brickell Ave #2500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date Daytime Phone #

CR2E034 (10/00)