

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90052 024 ***150.00

DOCUMENT # P97000088416

1. Entity Name

ROCA DIAGNOSTIC LABORATORY, INC.

Principal Place of Business

5000 NW 34 ST
 STE 9
 GAINESVILLE FL 32605

Mailing Address

5000 NW 34TH ST.
 SUITE 9
 GAINESVILLE FL 32605
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3380 SE LAKE WEIR AVE
 Suite, Apt. #, etc.
 UNIT F.

3. Mailing Address

3380 SE LAKE WEIR AVE
 Suite, Apt. #, etc.
 UNIT F.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3472941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROJANO FIDES, MARIE S
 4830 NW 43 ST Q280
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

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

3380 SE LAKE WEIR AVE UNIT F.
 City Ocala FL Zip Code 34471

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, 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	ST	<input type="checkbox"/> Delete
NAME	CASILE, ELLEN V	
STREET ADDRESS	3380 SE LAKE WEIR AV	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CASILE, BENJAMIN A	
STREET ADDRESS	3380 SE LAKE WEIR AV	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	STS	<input type="checkbox"/> Delete
NAME	CASILE, EDNA A	
STREET ADDRESS	3380 SE LAKE WEIR AV	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROJANO FIDES, M S	
STREET ADDRESS	3380 SE LAKE WEIR AV	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	OM	<input type="checkbox"/> Delete
NAME	ROJANO, JOSE A	
STREET ADDRESS	3380 SE LAKE WEIR AV	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSANO, LETTY	
STREET ADDRESS	3380 SE LAKE WEIR AV	
CITY-ST-ZIP	OCALA FL 34471	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	CASILE ERNA
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	ROJANO, Leticia
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

Date

Daytime Phone

3-12-2002 (352) 369 0715

CR2E034 (9/01)