

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001010

1. Entity Name

LABORATORY MANAGEMENT ASSOCIATES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90083 050 \*\*\*150.00

Principal Place of Business

Mailing Address

6290 BAHIA DEL MAR CIRCLE #TH20  
ST. PETERSBURG FL 33715

6290 BAHIA DEL MAR CIRCLE #TH20  
ST. PETERSBURG FL 33715-3310

A0044001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4801 OSPREY DR S.

4801 OSPREY DR. S.

Suite, Apt. # etc.

Suite, Apt. # etc.

509

509

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33711

UNITED STATES

33711

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REIMER, STANLEY M  
6290 BAHIA DEL MAR CIR  
TH20  
ST PETERSBURG FL 33715

Name REIMER, STANLEY M.

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

4801 OSPREY DR. S.

APT. 509

City ST. PETERSBURG FL Zip Code 33711

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIMER, STANLEY M 6290 BAHIA DEL MAR CIRCLE #TH20 ST. PETERSBURG FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIMER, LINDA 6290 BAHIA DEL MAR CIRCLE #TH20 ST. PETERSBURG FL 33715
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIMER, STANLEY M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4801 OSPREY DR. S. #509 ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIMER, LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4801 OSPREY DR. S. #509 ST. PETERSBURG, FL 33711
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
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 #

STANLEY M. REIMER - 4/17/00 727-866-7670