

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000033275**

1. Entity Name

LABORATORY SERVICES INTERNATIONAL, INC.**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90152 024 ***150.00

Principal Place of Business

**313 N.E. 5TH COURT
DANIA FL 33004
US**

Mailing Address

**313 N.E. 5TH COURT
DANIA FL 33487-2417
US**

2. Principal Place of Business

7000 N.E. 8th DRIVE
Suite, Apt. #, etc.

3. Mailing Address

7000 N.E. 8th DRIVE
Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

Zip

33487

Country

4. FEI Number

65-0830429

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

**HARRIGAN, PETER
313 N.E. 5TH COURT
DANIA FL 33004**

Name

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

7000 NE 8th DRIVE

City

BOCA RATON**FL**

Zip Code

33487

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	<input type="checkbox"/> Delete
DP	HARRIGAN, PETER	313 N.E. 5TH COURT	DANIA FL 33004	<input type="checkbox"/>
DSVT	HARRIGAN, DORIS J	313 N.E. 5TH COURT	DANIA FL 33004	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		7000 NE 8 th DRIVE	BOCA RATON, FL 33487	<input checked="" type="checkbox"/>
		7000 NE 8 th DRIVE	BOCA RATON, FL 33487	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #

3/20/00 561 998 7000