

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070728

1. Entity Name

CLINICAL MEDICAL LAB, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90010 010 ***150.00

Principal Place of Business

114-A PONCE DE LEON
CORAL GABLES FL 33135

Mailing Address

114-A PONCE DE LEON
CORAL GABLES FL 33135-1034

2. Principal Place of Business

114A Ponce de Leon

Suite, Apt. #, etc.

3. Mailing Address

3075 NW 3 ST

Suite, Apt. #, etc.

M

City & State

CORAL GABLES, FL

City & State

MIAMI, FL

Zip

33135

Country

USA

Zip

33125

Country

USA

4. FEI Number

65-0856951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'LAM, PAULINA
12391 S.W. 97 TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name ADRIAN FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
116 PONCE DE LEON BLVD

City CORAL GABLES FL Zip Code 33135

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)

02/06/00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ADRIAN	
STREET ADDRESS	114-A PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL 33135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORD, GUILLERMO	
STREET ADDRESS	114-A PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL 33135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCANTLEBURY, DONNA Y	
STREET ADDRESS	114-A PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN FERNANDEZ	
STREET ADDRESS	114-A PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES, FL 33135	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN FERNANDEZ	
STREET ADDRESS	114-A PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL 33135	
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		
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

Telephone #

ADRIAN FERNANDEZ 02/06/00 (305) 525 4551

CR2E034 (9/99)