

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000074848

1. Entity Name

ALPHA-CLINICAL LABORATORY, INC.

Principal Place of Business

Mailing Address

533 SW 12th Street
Miami, Florida 33135

500 Australian Ave. S.
Suite 1000
W. Palm Beach, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PETER W. FELDMAN

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

500 Australian Avenue South

Suite 1000

City

West Palm Beach

FL

Zip Code

33401

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

10/17/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

ROMAN MIGUEZ

533 SW 12th Street

Miami, Florida 33135

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

DELORES MARTINEZ

533 SW 12th Street

Miami, Florida 33135

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

PETER W. FELDMAN

500 Australian Avenue South/S 1000

W. Palm Beach, FL 33401

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

DAVID GARTNER

500 Australian Avenue South/S 1000

W. Palm Beach, Florida 33401

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED

00 NOV -8 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1000

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-11/30/00--01006--025
***750.00 ***750.00

LS

Peter W. Feldman Pres. 10/17/00