

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90374 012 ***550.00

DOCUMENT # P98000083045

1. Entity Name Putnam Clinical Laboratories, Inc.

DO NOT WRITE IN THIS SPACE

B0127656

2. Principal Place of Business

700 Zeagler Dr

3. Mailing Address

1634 Colonial Drive

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Green Cove Springs, FL

Zip

32177

Country

USA

Zip

32043

Country

USA

4. FEI Number

59-3533667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis E Hayes

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

233 East Bay Street

#620 Blackstone Bldg

City

Jacksonville

FL

Zip Code

32202-3447

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MADAN, ARLENE PERALES 1634 COLONIAL DRIVE GREEN COVE SPRINGS, FL 32043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X Arlene Peralas Madan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6-28-02 386-328-4036
Date Daytime Phone #

CR2E034B (12/01)

Attachment

6/28/02.

To whom it may ^{#P98000083045} concern:

The reason why we
didn't send payment on the
due date was because we

Never received a statement.

Thanks.

Mrs. Opus Pius Madan