

2000 UNIFORM BUSINESS REPORT (UBR)

44/1

FILED
Jun 16, 2000 8:00 am
Secretary of State

04-12-2000 90023 009 ***158.75

DOCUMENT # P98 0000 90594
1. Entity Name EXCELLENCE MEDICAL LABORATORY, INC
Principal Place of Business 8232 NW 103rd Street HIALEAH, FL 33016
Mailing Address 8232 NW 103rd St Hialeah, FL 33016

2. Principal Place of Business **3. Mailing Address**

City & State: Hialeah, FL 33016

4. FEI Number 65-0871249 **Applied For** Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Lelia Riesgo
 8232 N.W. 103rd Street
 Hialeah Gardens, FL 33016

7. Name and Address of New Registered Agent

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 *Lelia Riesgo* **DATE** 6/9/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Issue 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	BRAULIO M CAMPOS 10 S.W. 113ct MIAMI, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LELIA RIESGO 8232 NW 103rd Street Hialeah, Gardens, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CARLOS L. RIESGO 17275 COLLINS AVE #601 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LUIS D. RIESGO 17275 COLLINS AVE #601 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LUIS RIESGO 17275 COLLINS AVE #601 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Lelia Riesgo* **PRESIDENT** **Date** 3/31/00 **Daytime Phone #** 305/231-8255

CR2E034 (9/99)