

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091994

1. Entity Name

ORION CLINICAL LABORATORIES, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90011 012 ***150.00

Principal Place of Business

Mailing Address

11300 NW 87TH COURT
SUITE 164
HIALEAH GARDENS FL 33016

11300 NW 87TH COURT
SUITE 164
HIALEAH GARDENS FL 33018-4521

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 65-0871879

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

ALVAREZ, GLORIA ESTHER
11300 NW 87TH COURT
SUITE 164
HIALEAH GARDENS FL 33016

Name ANA MARIA BOTIFOLL

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

8491 SW 48 ST

City MIAMI

FL

Zip Code 33155

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 Ana M Botifoll

ANA MARIA BOTIFOLL

Jun 2/00

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 PVS
NAME ALVAREZ, GLORIA ESTHER ☒ Delete
STREET ADDRESS 15606 SW 47TH TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE PVS
NAME ANA MARIA BOTIFOLL ☒ Change ☐ Addition
STREET ADDRESS 8491 SW 48 ST
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Ana M Botifoll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 2/00

Date

305-698-5332

Daytime Phone #

CR2E034 (9/99)