

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90094 007 ***150.00

0306651

DOCUMENT # P99000021459

1. Entity Name

HAYES CLINICAL LABORATORY, INC

911294

Principal Place of Business

10849 GLENEAGLES ROAD
 BOYNTON BEACH FL 33436

Mailing Address

10849 GLENEAGLES ROAD
 BOYNTON BEACH FL 33436

*1300 Park of Commerce #118
 Delray Bch, FL 33444*

2. Principal Place of Business

1300 Park of Commerce

3. Mailing Address

1300 Park of Commerce

Suite, Apt. #, etc.

#118

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33445

City & State

Delray Beach, FL 33445

4. FEI Number *65-0903735*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DEAN, HENRY
 DEL IDA PROFESSIONAL DISTRICT
 251 NE DIXIE BLVD
 DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	HAYES, SHELBY	
STREET ADDRESS	10849 GLENEAGLES ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAYES, JUDITH	
STREET ADDRESS	10849 GLENEAGLES ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fredrich, Chad	
STREET ADDRESS	5486 Barnstead Circle	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hayes, Trent	
STREET ADDRESS	10849 Gleneagles Road	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aditya, Gora Pabitra	
STREET ADDRESS	1300 Park of Commerce, #118	
CITY-ST-ZIP	Delray Beach, FL 33445	
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: *Chad Fredrich* **Jan 26, 2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)