2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P9900040530 1. Entity Name J MED LAB SUPPLY, INC. 05-10-2001 90166 028 ***150.00 Mailing Address Principal Place of Business 2566 12TH AVE. 2566 12TH AVE. VERO BEACH FL 32960 VERO BEACH FL 32960 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0922381 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEAUCHAMP, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 759 SOUTH FEDERAL HIGHWAY STE. 302 STUART FL 34994 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Oresident ☐ Change Addition TITLE ☐ Delete TITLE Jan E. Herndon 668 Vocalle Ave, This should NOT have been HERNDON, JEFFREY B NAME STREET ADDRESS STREET ADDRESS 1573 QUATRAIN LANE Sebastian, FL 3295 8 CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 Delete TITLE TITLE NAME HERNDON, JEFFREY B 2000 1 NAME STREET ADDRESS STREET ADDRESS 668 VOCELLE AVE. CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 Change Addition ☐ Delete TITI F TITLE AHLERSMERYER, JENNIFER E NAME NAME STREET ADDRESS 4628 DANBURY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP FORT WAYNE IN 46835 ☐ Addition ☐ Change Delete TITLE TITLE HERNDON, WILLIAM C JR. NAME NAME STREET ADDRESS 668 VACELLE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2000 UNIFORM BUSINESS REPORT (UBR)						Affachment	_		0122236
DOCUMENT # P99000040530						MILLAUMONG			J
Entity Name J MED LAB SUPPLY, INC.					653de5				
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Principal Plac	ce of Business	Mailing Address				DOD 0000 (600)	
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE		
City & State		City & State				4. FEI Number	Ap	plied For]
Zip Country		Zip Cour		ntry		65-0922381	\$8.75 Add	t Applicable	1
	-1					Certificate of Status Desired Name and Address of New Registered	Fee Require		1
6. Name and Address of Current Registered Agent				Name		. Hame and Address of New Yogkitches			1
BEAUCHAMP, BRIAN M 759 SOUTH FEDERAL HIGHWAY STE. 302				Street Addr		P.O. Box Number is Not Acceptable)			
	ART FL 34994								
				City		FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or i	registere	ed agent, or both, in the State of Florida.			
SIGNATURE	Brian M. Beaucha	мр				4-2.	5-00		
	Signature, typed or printed name of registered agent a		-	Maria de Maria de Maria	ers and n. er	when reinstating) DATE			
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FINE NOW HATELS \$150.00 F. After MAY 1, 2000 (Foot III) bo \$550.00 Make Check Rayable to Department of Sta			0.00 o Sie	10. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND	17-17-2	12.		ACCES 1	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	1
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NAME STREET ADDRESS		•		ET ADDRESS	1573	ndon, Jeffrey B. Quatrain Lane			034
CITY-ST-ZIP	SEBASTIAN FL 32958		-	-ST-ZIP	<u>3e ba</u>	stinn, FL 32958	Change	Addition	CR2E0
TITLE NAME	VS Herndon, Jeffrey B	☐ Delete	TITLE		5 01/-	an anni de maiter E	Change	X Maniton	
STREET ADDRESS	668 VOCELLE AVE.			ET ADDRESS -ST-ZIP	4628	8 Danbury Drive			
TITLE '	SEBASTIAN FL 32958	☐ Delete	TITLE	-31-21	D.	rsmeyer, Jennifer E. Ranbury Orive Wayne, IN 46835 Nocelle Avenue astian, FL 32958	☐ Change	Addition	
NAME			NAMI	E .	Her	ndon, Ir. William C.			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	2068	etian FL 32958			
TITLE	-	☐ Delete	TITLE				☐ Change	Addition	1
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CITY-ST-ZIP			CITY	-ST-ZIP					-
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STREET ADDRESS				ET ADDRESS -ST-ZIP					

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR