

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000094450

FILED  
Apr 02, 2003  
Secretary of State

Entity Name: LAB PARTNERS, INC.

**Current Principal Place of Business:**

4920 NW 31ST PLACE  
GAINESVILLE, FL 326066010

**New Principal Place of Business:**

**Current Mailing Address:**

4920 NW 31ST PLACE  
GAINESVILLE, FL 326066010

**New Mailing Address:**

FEI Number: 59-3542973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHTER, STEVEN I  
4920 NW 31ST PLACE  
GAINESVILLE, FL 326066010 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: RICHTER, STEVEN I  
Address: 4920 NW 31ST PLACE  
City-St-Zip: GAINESVILLE, FL 326066010

Title: VS ( ) Delete  
Name: COATES, WILLIAM K  
Address: 8629 SE 74TH COURT  
City-St-Zip: TRENTON, FL 32693

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN RICHTER

P

04/02/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date