

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052389

Entity Name: MERIDIAN CLINICAL LABORATORY CORP.

Current Principal Place of Business:

300 S.W. 107TH AVENUE
SUITE 209
MIAMI, FL 33174

FILED
Apr 26, 2017
Secretary of State
CC0625691414

Current Mailing Address:

481 EDWARD H. ROSS DR.
ACCOUNTING DEPT.
ELMWOOD PARK, NJ 07407 US

FEI Number: 65-1014344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: DONNA MOCH

04/26/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HENDERSON, GREGORY S
Address 481 EDWARD H. ROSS DR.
 ACCOUNTING DEPT.
City-State-Zip: ELMWOOD PARK NJ 07407

Title VP, TREASURER
Name LOGAL, ADAM
Address 4400 BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33137

Title VP
Name RUBIN, STEVEN D
Address 4400 BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33137

Title VP, MANAGING DIRECTOR
Name SOLOMON, BENJAMIN
Address 481 EDWARD H. ROSS DR.
City-State-Zip: ELMWOOD PARK NJ 07407

Title SECRETARY
Name INMAN, KATE
Address 481 EDWARD H. ROSS DR.
 ACCOUNTING DEPT.
City-State-Zip: ELMWOOD PARK NJ 07407

I hereby 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 all other like empowered.

SIGNATURE: GREGORY HENDERSON

PRESIDENT

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date