

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 07, 2012  
Secretary of State**

DOCUMENT# N09000009094

**Entity Name:** COMMUNITY LABORATORY SERVICES, INC

**Current Principal Place of Business:**

8571 LEATHERLEAF LN  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

8571 LEATHERLEAF LN  
ORLANDO, FL 32827

**New Mailing Address:**

**FEI Number:** 27-1019518      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CAPARROS, IVONNE  
8571 LEATHERLEAF LN  
ORLANDO, FL 32827    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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAPARROS, IVONNE  
Address: 8571 LEATHERLEAF LN  
City-St-Zip: ORLANDO, FL 32827

Title: D  
Name: OLIVERI, CECILIA  
Address: 150 EAST ROBINSON ST  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: RIVERA, EDWIN  
Address: 9741 S ORANGE BLOSSOM TRAIL SUITE 9  
City-St-Zip: ORLANDO, FL 32837

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IVONNE CAPARROS

D

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date