




APPROVED AND FILED

03 JUL -8 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000076304 1. Entity Name SFBC ANALYTICAL LABORATORIES, INC.			
Principal Place of Business 11190 BISCAYNE BLVD. MIAMI, FL 33181		Mailing Address 11190 BISCAYNE BLVD. MIAMI, FL 33181	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-3089244		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$2.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, MICHAEL D 1645 PALM BEACH LAKES BLVD., SUITE 680 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD., STE. 310 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>(Signature, typed or printed name of registered agent and date if applicable)</small>		DATE	
		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KRINSKY, LISA M.D. 11190 BISCAYNE BLVD. MIAMI, FL 33181		S/D 4000241967 06/30/03--01069--016	**550.00
STD HANTMAN, ARNOLD 11190 BISCAYNE BLVD. MIAMI, FL 33181			
VD HOLMES, GREGORY B DR. 11190 BISCAYNE BLVD. MIAMI, FL 33181			
PD XU, AKKAN DR 11190 BISCAYNE BLVD. MIAMI, FL 33181		ALLAN XU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DAVID NATAN 11190 BISCAYNE BLVD. MIAMI FL 33181	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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 10 of Block 11 if changed, or on an attachment with an address, with all other like empowers.			
SIGNATURE: 		DATE: 6/25/03	

CORPORATION