

P04000067476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

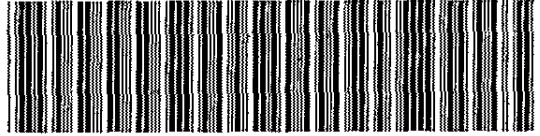
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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RA Change  
08/15/06  
DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRONOS CLINICAL LABORATORY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000067476

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Jorge L. Gonzalez, Esq.

(Name of Person)

Gonzalez & Vidal PL

(Name of Firm/Company)

1933 SW 27 Ave Suite 201

(Address)

Miami, Florida 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L. Gonzalez

(Name of Person)

at ( 305 ) 285-2480

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cronos Clinical Laboratory, Inc.
2. The principal office address: 2650 NW 97 Ave, Miami, Florida 33172
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/23/2004 Document number: P04000067476

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Jorge C. Gonzalez

2650 NW 97 Ave

Miami, Florida 33172

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Ernesto Chao

2650 NW 97 Ave

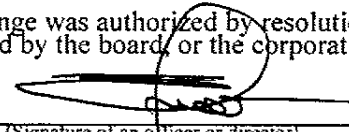
(P.O. Box NOT acceptable)

Miami, Florida 33172

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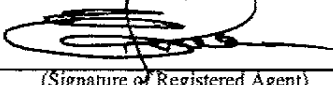
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

ERNESTO CHAO  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

4/21/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)