

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112033

FILED
Mar 08, 2011
Secretary of State

Entity Name: SUNRISE CLINICAL LABORATORY, INC.

Current Principal Place of Business:

21216 OLEAN BLVD
#3
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21216 OLEAN BLVD
#3
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 20-1064340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMAL, MIFTAH
26058 PAYSANDU DR
PUNTA GORDA, FL 33983 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: P
Name: KEMAL, MIFTAH
Address: 26058 PAYSANDU DR
City-St-Zip: PUNTA GORDA, FL 33983

Title: VTS
Name: MEMON, TASWEER A
Address: 3511 HARDWOOD TERR
City-St-Zip: SPRING GROVE, PA 17362

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: MIFTAH KEMAL

PRES

03/08/2011

Electronic Signature of Signing Officer or Director

Date