

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066881

FILED
Apr 24, 2006
Secretary of State

Entity Name: CLINICAL LABORATORY SUPPLIES, INC.

Current Principal Place of Business:

790 INTERNATIONAL PARKWAY
SUNRISE, FL 33325

New Principal Place of Business:

1750 NW 65TH AVENUE
PLANTATION, FL 33313

Current Mailing Address:

790 INTERNATIONAL PARKWAY
SUNRISE, FL 33325

New Mailing Address:

1750 NW 65TH AVENUE
PLANTATION, FL 33313

FEI Number: 56-2511986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, CYNTHIA L
790 INTERNATIONAL PARKWAY
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

JOHNSTON, CYNTHIA L
1750 NW 65TH AVENUE
PLANTATION, FL 33313 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:

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSTON, CYNTHIA L
Address: 790 INTERNATIONAL PARKWAY
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSTON, CYNTHIA L
Address: 1750 NW 65TH AVENUE
City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CINDY JOHNSTON

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date