

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000071847

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST TOXICOLOGY LABORATORIES, INC.

**Current Principal Place of Business:**

2225 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

2225 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

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

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

DE FILIPPO, ANTONIO  
2225 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 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: BRUNO, JULIE  
Address: 2631 NE 14TH AVENUE, #204  
City-St-Zip: WILTON MANORS, FL 33334 US

Title: VP  
Name: DE FILIPPO, ANTONIO  
Address: 1143 VAN BUREN ST  
City-St-Zip: HOLLYWOOD, FL 33019 US

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: JULIE D BRUNO

PRES

02/10/2012

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

\_\_\_\_\_ Date