2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 2006
Secretary of State

DOCUMENT# P96000079616

Entity Name: NATIONAL MEDICAL LABORATORY, INC.

Current Principal Place of Business:

5965 SW 8 ST
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

5965 SW 8 ST
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0696140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGUEREDO, ARMANDO J SR.
5965 SW 8 ST
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

GONZALEZ, JUAN B
5965 SW 8 ST
MIAMI, FL 33144 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: JUAN B. GONZALEZ 10/03/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FIGUEREDO, ARMANDO J SR.
Address: 5959 COLLINS AVE #1503
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPT ( ) Delete
Name: FIGUEREDO, ARMANDO J SR
Address: 5959 COLLINS AVE. #1503
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: GONZALEZ, JUAN B
Address: 3740 SW 104 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, JUAN B
Address: 3740 S.W. 104TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: VPT (X) Change ( ) Addition
Name: GONZALEZ, JUAN B
Address: 3740 S.W. 104TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUAN B. GONZALEZ P 10/03/2006
Electronic Signature of Signing Officer or Director Date