

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009430

Entity Name: HENRY S. WEST LAB PTO, INC.**Current Principal Place of Business:**5300 CARILLO STREET
CORAL GABLES, FL 33146**Current Mailing Address:**5300 CARILLO STREET
CORAL GABLES, FL 33146**FEI Number:** 26-1125302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEREZ-DICKENS, MAGGY
C/O HENRY S. WEST LABORATORY SCHOOL
5300 CARILLO STREET
CORAL GABLES, FL 33146 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:** MAGGY PEREZ-DICKENS

05/06/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	KRABLIN, CHRISTINA
Address	5300 CARILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	P
Name	REIJNEN-STEELE, IRIS
Address	5300 CARILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	TREASURER
Name	PEREZ-DICKENS, MAGGY
Address	5300 CARILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	TREASURER
Name	MAXWELL, MARY
Address	5300 CARILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	S
Name	HASSAN, UMEHANI
Address	5300 CARILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	CARROLL, LISA
Address	5300 CARILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	SECRETARY
Name	SANS, BARBARA
Address	5300 CARILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAGGY PEREZ-DICKENS

TREASURER

05/06/2014

Electronic Signature of Signing Officer/Director Detail

Date