

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009094

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC2496325859**

**Entity Name:** COMMUNITY LABORATORY SERVICES, INC

**Current Principal Place of Business:**

513 CAREY WAY  
ORLANDO, FL 32825

**Current Mailing Address:**

513 CAREY WAY  
ORLANDO, FL 32825 US

**FEI Number: 27-1019518**

**Certificate of Status Desired: Yes**

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

CAPARROS, IVONNE  
513 CAREY WAY  
ORLANDO, FL 32825 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name CAPARROS, IVONNE  
Address 513 CAREY WAY  
City-State-Zip: ORLANDO FL 32825

Title D  
Name OLIVERI, CECILIA  
Address 150 EAST ROBINSON ST  
City-State-Zip: ORLANDO FL 32801

Title D  
Name RIVERA, EDWIN  
Address 9741 S ORANGE BLOSSOM TRAIL  
SUITE 9  
City-State-Zip: ORLANDO FL 32837

*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: IVONNE CAPARROS**

**DIRECTOR**

**02/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date