

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009094

**FILED  
Apr 01, 2014  
Secretary of State  
CC5493568388**

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

**Current Principal Place of Business:**

8571 LEATHERLEAF LN  
ORLANDO, FL 32827

**Current Mailing Address:**

8571 LEATHERLEAF LN  
ORLANDO, FL 32827

**FEI Number: 27-1019518**

**Certificate of Status Desired: Yes**

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

CAPARROS, IVONNE  
8571 LEATHERLEAF LN  
ORLANDO, FL 32827 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	Title	D
Name	CAPARROS, IVONNE	Name	OLIVERI, CECILIA
Address	8571 LEATHERLEAF LN	Address	150 EAST ROBINSON ST
City-State-Zip:	ORLANDO FL 32827	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**

**04/01/2014**

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

\_\_\_\_\_  
Date