

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F53453

**Entity Name:** ADVANCED LAB SERVICES, INC.

**Current Principal Place of Business:**

2150 49TH ST. N.  
STE. B  
ST.PETERSBURG, FL 33710

**Current Mailing Address:**

2150 49TH ST. N.  
STE. B  
ST.PETERSBURG, FL 33710

**FEI Number:** 59-2162218

**Certificate of Status Desired:** No

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

PROCTOR, STEPHEN T  
2150 49TH ST.N.  
STE B  
ST.PETERSBURG, FL 33710 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 PSD  
Name PROCTOR, STEPHEN T  
Address 1218 67TH ST. N  
City-State-Zip: SAINT PETERSBURG FL 33710

Title S/T  
Name PROCTOR, E.MARIE  
Address 1218 67TH ST. N  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** E. MARIE PROCTOR

**TREASURER**

**04/15/2014**

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

\_\_\_\_\_  
Date