

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112033

Entity Name: SUNRISE CLINICAL LABORATORY, INC.

Current Principal Place of Business:

21216 OLEAN BLVD
#3
PORT CHARLOTTE, FL 33952

Current Mailing Address:

21216 OLEAN BLVD
#3
PORT CHARLOTTE, FL 33952

FEI Number: 90-0220010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEMAL, MIFTAH
26058 PAYSANDU DR
PUNTA GORDA, FL 33983 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 P
Name KEMAL, MIFTAH
Address 26058 PAYSANDU DR
City-State-Zip: PUNTA GORDA FL 33983

Title VTS
Name MEMON, TASWEER A
Address 3511 HARDWOOD TERR
City-State-Zip: SPRING GROVE PA 17362

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: MIFTAH KEMAL

PRESIDENT

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date