

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000090512

**FILED**  
**Feb 11, 2017**  
**Secretary of State**  
**CC8477442626**

**Entity Name:** SUPERIOR LAB SOLUTIONS INC.

**Current Principal Place of Business:**

4840 164 AVE N  
CLEARWATER, FL 33762

**Current Mailing Address:**

4840 164 AVE N  
CLEARWATER, FL 33762 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RAMOS, EDWIN  
4840 164 AVE N  
CLEARWATER, FL 33762 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 RAMOS, EDWIN  
Address 4840 164 AVE N  
City-State-Zip: CLEARWATER FL 33762

Title S  
Name RAMOS, EDWIN  
Address 4840 164 AVE N  
City-State-Zip: CLEARWATER FL 33762

Title T  
Name RAMOS, EDWIN  
Address 4840 164 AVE N  
City-State-Zip: CLEARWATER FL 33762

*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:** EDWIN RAMOS

**PRESIDENT**

**02/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date