

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005406

**Entity Name:** GARCIA CLINICAL LABORATORY, INC.

**Current Principal Place of Business:**

2900 SPRINGPORT RD.  
JACKSON, MI 49203

**Current Mailing Address:**

2900 SPRINGPORT RD.  
JACKSON, MI 49203 US

**FEI Number: 38-2035352**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, SECRETARY,  
                    TREASURER, DIRECTOR  
Name            GARCIA, MARY  
Address        2900 SPRINGPORT RD.  
City-State-Zip: JACKSON MI 49203

Title            VP  
Name            GARCIA, DAVID  
Address        2900 SPRINGPORT RD.  
City-State-Zip: JACKSON MI 49203

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: MARY GARCIA**

**PRESIDENT**

**04/23/2022**

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

\_\_\_\_\_  
Date