

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005406

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

**Current Principal Place of Business:**

2195 SPRING ARBOR RD.  
JACKSON, MI 49203

**Current Mailing Address:**

2195 SPRING ARBOR RD.  
JACKSON, MI 49203

**FEI Number:** 38-2035352

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PCDS  
Name GARCIA, MARY  
Address 2195 SPRING ARBOR RD.  
City-State-Zip: JACKSON MI 49203

Title T  
Name GARCIA, MARY  
Address 2195 SPRING ARBOR RD.  
City-State-Zip: JACKSON MI 49203

Title D  
Name GARCIA, DAVID  
Address 2195 SPRING ARBOR RD.  
City-State-Zip: JACKSON MI 49203

Title VP, OPERATIONS  
Name PETERSON, JEFFREY R  
Address 2195 SPRING ARBOR 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:** JEFFREY R. PETERSON

VP. OPERATIONS

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date