

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003245

**Entity Name:** ENZO CLINICAL LABS, INC.

**Current Principal Place of Business:**

60 EXECUTIVE DR.  
FARMINGDALE, NY 11735

**Current Mailing Address:**

60 EXECUTIVE DR.  
FARMINGDALE, NY 11735 US

**FEI Number: 13-3392802**

**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            PRESIDENT, DIRECTOR  
Name            WEINER, BARRY W  
Address        60 EXECUTIVE DR.  
City-State-Zip: FARMINGDALE NY 11735

Title            CEO, DIRECTOR  
Name            RABBANI, ELAZAR PH.D.  
Address        60 EXECUTIVE DR.  
City-State-Zip: FARMINGDALE NY 11735

Title            VP OF SALES  
Name            DEY, BRUCE A  
Address        60 EXECUTIVE DR.  
City-State-Zip: FARMINGDALE NY 11735

Title            EVP FINANCE  
Name            O'BRIEN, JAMES  
Address        60 EXECUTIVE DR.  
City-State-Zip: FARMINGDALE NY 11735

*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: JAMES O'BRIEN**

**EVP FINANCE**

**01/23/2019**

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

\_\_\_\_\_  
Date