

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005531

**Entity Name:** EUREKA MEDICAL LABORATORIES, INC

**Current Principal Place of Business:**

C/O ACCOUNTING AND COMPUTER SERVICES, INC.  
5401 S KIRKMAN RD STE 310  
ORLANDO, FL 32819

**Current Mailing Address:**

C/O ACCOUNTING AND COMPUTER SERVICES, INC.  
5401 S KIRKMAN RD STE 310  
ORLANDO, FL 32819 US

**FEI Number:** 85-4328919

**Certificate of Status Desired:** No

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

ACCOUNTING AND COMPUTER SERVICES, INC.  
C/O ACCOUNTING AND COMPUTER SERVICES, INC.  
5401 S KIRKMAN RD STE 310  
ORLANDO, FL 32819 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 DP  
Name BOYLE, ANDREW  
Address 8238 VINELAND OAKS BLVD  
City-State-Zip: ORLANDO FL 32835

Title D  
Name BOYLE, KEZIAH RENEE  
Address 8238 VICELAND OAKS BLVD  
City-State-Zip: ORLANDO FL 32835

Title D  
Name BOYLE, MARK ANTHONY  
Address 9921 AVE K  
City-State-Zip: BROOKLYN NY 11236

*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: ANDREW BOYLE**

**PRESIDENT**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date