


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 235206 1. Entity Name HIGHLANDS CLINICAL LABORATORY, INC.	
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Principal Place of Business 1503 OAK FOREST DR. ORMOND, FL 32174 US	Mailing Address 1503 OAK FOREST DR. ORMOND, FL 32174 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0899863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FAVIS, EDWARD A
1503 OAK FOREST DR
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAVIS, EDWARD A 1503 OAK FOREST DR. ORMOND, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SNODGRASS, RICHARD W 1151 N. HALIFAX DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/18/05-80008-020 150.00

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ALSO SIGN CHECK
+
MAIL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.03(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward A. Favis 1/18/05 386-677-7097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Edward A. Favis, President Date Daytime Phone #