

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 251141

FILED
Feb 19, 2009
Secretary of State

Entity Name: SOUTHEASTERN LABORATORIES, INC.

Current Principal Place of Business:

490 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205

New Principal Place of Business:

888 BRICKELL KEY DRIVE
#204
MIAMI, FL 33131

Current Mailing Address:

490 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205

New Mailing Address:

888 BRICKELL KEY DRIVE
#204
MIAMI, FL 33131

FEI Number: 59-0972591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRINGHIPAKIS, E C
490 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

EFTHIMIADIS, CLEA B
888 BRICKELL KEY DRIVE
#204
MIAMI, FL 33131 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: CLEA B. EFTHIMIADIS

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: PRINGHIPAKIS, E.C.,
Address: 490 S EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 00000,

Title: DP (X) Delete
Name: PRINGHIPAKIS, E. C.,
Address: 490 S. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL

Title: T (X) Delete
Name: PRINGHIPAKIS, E C,
Address: 490 S EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: EFTHIMIADIS, CLEA B
Address: 888 BRICKELL KEY DRIVE, #204
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLEA B. EFTHIMIADIS

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date