

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 270773

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: MED-LAB SUPPLY CO INC

## Current Principal Place of Business:

923 NW 27TH AVENUE  
MIAMI, FL 33125

## New Principal Place of Business:

## Current Mailing Address:

923 NW 27TH AVENUE  
MIAMI, FL 33125

## New Mailing Address:

FEI Number: 59-1022024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, GONZALO A VTD  
923 NW 27TH AVENUE  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DIAZ, GONZALO E PD  
Address: 923 NW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33125

Title: VSD ( ) Delete  
Name: DIAZ, SAUL J VSD  
Address: 923 NW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33125

Title: VTD ( ) Delete  
Name: DIAZ, GONZALO A VTD  
Address: 923 NW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33125

Title: VD ( ) Delete  
Name: DIAZ, AGUSTIN G VD  
Address: 923 NW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GONZALO A DIAZ

VTD

01/11/2008

Electronic Signature of Signing Officer or Director

Date