

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 550553

1. Entity Name
COMMUNITY CLINICAL LABORATORY, INC.



Principal Place of Business

**432 DRUID RD. WEST
CLEARWATER, FL 33756 US**

Mailing Address

**432 DRUID RD. WEST
CLEARWATER, FL 33756 US**

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1793100

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKEOWN JR, JAMES L
432 DRUID RD WEST
CLEARWATER, FL 33756**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCKEOWN, JAMES L.SR.
STREET ADDRESS 432 DRUID RD. WEST
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE VST
NAME MCKEOWN, JAMES L.JR.
STREET ADDRESS 432 DRUID RD. WEST
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
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000000093210
03/22/04-80008-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JAMES L. MCKEOWN JR

3/10/04 727515-7927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #