# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2005**
**Secretary of State**

DOCUMENT# 550553

**Entity Name:** COMMUNITY CLINICAL LABORATORY, INC.

**Current Principal Place of Business:**

432 DRUID RD. WEST
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

FKA CLEARWATER CLINICAL LAB
432 DRUID RD W
CLEARWATER, FL 33756 US

**Current Mailing Address:**

432 DRUID RD. WEST
CLEARWATER, FL 33756 US

**New Mailing Address:**

FKA CLEARWATER CLINICAL LAB
432 DRUID RD WEST
CLEARWATER, FL 33756 US

**FEI Number: 59-1793100** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCKEOWN JR, JAMES L
432 DRUID RD WEST
CLEARWATER, FL 33756 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: MCKEOWN, JAMES L.SR.,
Address: 432 DRUID RD. WEST
City-St-Zip: CLEARWATER, FL 33756

Title: VST (X) Delete
Name: MCKEOWN, JAMES L.JR.,
Address: 432 DRUID RD. WEST
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition
Name: MCKEOWN, JAMES L JR
Address: 432 DRUID RD. WEST
City-St-Zip: CLEARWATER, FL 33756

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. MCKEOWN, JR. DIR 02/28/2005

Electronic Signature of Signing Officer or Director Date