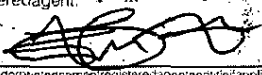


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91767 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# 550553 1. Entity Name COMMUNITY CLINICAL LAB, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 432 DRUID RD WEST Suite, Apt., etc.		3. Mailing Address 432 DRUID RD WEST Suite, Apt., etc.	
City & State CLEARWATER, FLA		City & State CLEARWATER, FLA	
Zip 33756		Country USA	
4. FEI Number 59-1793100		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name JAMES L. McKEOWN JR	
		Street Address (P.O. Box Number is Not Acceptable) 432 DRUID RD WEST	
		City CLEARWATER, FL Zip Code 33756	
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 obligation of registered agent.			
SIGNATURE 		JAMES L. McKEOWN JR VP/SEC/TR 4/10/03	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PD McKEOWN JAMES L. SR 1761 GRACELAND DRIVE CLEARWATER, FL. 33756			
VST McKEOWN JAMES L. JR 432 DRUID ROAD WEST CLEARWATER, FL. 33756			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		VP/SEC/TR JAMES L. McKEOWN JR 4/10/03 727-447-1567	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034B (12/02)