

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006764

FILED
Jan 14, 2009
Secretary of State

Entity Name: CLINICAL LABFORCE OF AMERICA, INC.

Current Principal Place of Business:

415 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797

New Principal Place of Business:

Current Mailing Address:

415 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797

New Mailing Address:

FEI Number: 11-3549538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PTDC () Delete
Name: MACCARRONE, HARRY V
Address: 415 CROSSWAYS PARK DR
City-St-Zip: WOODBURY, NY 11797

Title: SVPF () Delete
Name: ENDE, ROBERT F
Address: 415 CROSSWAYS PARK DR
City-St-Zip: WOODBURY, NY 11797

Title: VPS () Delete
Name: ANNICELLI, LINDA
Address: 415 CROSSWAYS PARK DRIVE
City-St-Zip: WOODBURY, NY 11797

Title: VPAS () Delete
Name: FELTMAN, ARTHUR A
Address: 415 CROSSWAYS PARK DRIVE
City-St-Zip: WOODBURY, NY 11797

Title: VP () Delete
Name: GOLIO, TERESA
Address: 415 CROSSWAYS PARK DR
City-St-Zip: WOODBURY, NY 11797

Title: VP () Delete
Name: CLAIBORNE, DIANE
Address: 415 CROSSWAYS PARK DR
City-St-Zip: WOODBURY, NY 11797

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
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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: ARTHUR A. FELTMAN

VPAS

01/14/2009

Electronic Signature of Signing Officer or Director

Date