2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003594

Entity Name: ARIZONA PHYSICIANS LABORATORY, INC.

FILED Jul 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8340 THORNYDALE ROAD, #137 TUCSON, AZ 85741

Current Mailing Address: New Mailing Address:

8340 THORNYDALE ROAD, #137 TUCSON, AZ 85741

FEI Number: 68-0643043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FELIX, DESIREE M 104 SUNSET DR. FELIX, DESIREE M 104 SUNSET DR.

MARATHON, FL 33050 US MARATHON, FL 33050 US

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: DESIREE M. FELIX 07/08/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: CEO (X) Change () Addition

Name:DE LA FUENTE, ROBERT R.Name:FELIX, DESIREE MAddress:8340 N. THORNYDALE RD., #137Address:8340 N. THORNYDALE RD., #137

City-St-Zip: TUCSON, AZ 85741 City-St-Zip: TUCSON, AZ 85741

Name: FELIX, DESIREE M. Name: FELIX, DESIREE M

Address: 8340 N THORNYDALE RD., #137 Address: 8340 N THORNYDALE RD., #137

City-St-Zip: TUCSON, AZ 85741 City-St-Zip: TUCSON, AZ 85741

Title: VCD () Delete Title: VCD (X) Change () Addition

Name: FELIX, DESIREE M. Name: FELIX, DESIREE M

 Address:
 8340 N THORNYDALE RD., #137
 Address:
 8340 N THORNYDALE RD., #137

City-St-Zip: TUCSON, AZ 85741 City-St-Zip: TUCSON, AZ 85741

Title: PVP () Delete Title: PVP (X) Change () Addition

Name: FELIX, DESIREE M. Name: FELIX, DESIREE M

Address: 8340 THORNYDALE ROAD, #137 Address: 8340 THORNYDALE ROAD, #137

City-St-Zip: TUCSON, AZ 85741 City-St-Zip: TUCSON, AZ 85741

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: DESIREE M. FELIX CEO 07/08/2009