

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004303

FILED
Mar 13, 2009
Secretary of State

Entity Name: RELIANT LAB DIAGNOSTICS, INC.

Current Principal Place of Business:

1511 E. STATE RD., SUITE 2001
WINTER SPRINGS, FL 32708

New Principal Place of Business:

1511 E. STATE RD. 434
SUITE2001
WINTER SPRINGS, FL 32708

Current Mailing Address:

1511 E. STATE RD., SUITE 2001
WINTER SPRINGS, FL 32708

New Mailing Address:

1511 E. STATE RD. 434
SUITE2001
WINTER SPRINGS, FL 32708

FEI Number: 26-2347353

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: CEOC () Delete
Name: WESTERN-BUTLER, SANDRA
Address: 1511 E. STATE RD., SUITE 2001
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: LAND, CLINT
Address: 1511 E. STATE RD., SUITE 2001
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: LAWSON, CHRIS A
Address: 1511 E. STATE RD., SUITE 2001
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: CARPENTER, BRUCE
Address: 1511 E. STATE RD., SUITE 2001
City-St-Zip: WINTER SPRINGS, FL 32708

Title: COO (X) Delete
Name: WHITE, LUKE
Address: 1511 E. STATE RD., SUITE 2001
City-St-Zip: WINTER SPRINGS, FL 32708

Title: CFO () Delete
Name: LAWSON, CHRIS A
Address: 1511 E. STATE RD., SUITE 2001
City-St-Zip: WINTER SPRINGS, FL 32708

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
Name:
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: CHRIS LAWSON

CFO

03/13/2009

Electronic Signature of Signing Officer or Director

Date