

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53453

FILED
Feb 22, 2008
Secretary of State

Entity Name: ADVANCED LAB SERVICES, INC.

Current Principal Place of Business:

5702 GULFPORT BLVD. S.
6
GULFPORT, FL 33707

New Principal Place of Business:

5702 GULFPORT BLVD. S.
STE. 6
GULFPORT, FL 33707

Current Mailing Address:

5702 GULFPORT BLVD. S.
6
ST PETERSBURG, FL 33707

New Mailing Address:

5702 GULFPORT BLVD. S.
STE. 6
GULFPORT, FL 33707

FEI Number: 59-2162218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOSS, DAVID N
5209 GULFPORT BLVD. S.
GULFPORT, FL 33707 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: PSD () Delete
Name: PROCTOR, STEPHEN T
Address: 1218 67TH ST. N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T () Delete
Name: PROCTOR, MARIE
Address: 1218 67TH ST. N
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIE PROCTOR

T

02/22/2008

Electronic Signature of Signing Officer or Director

Date