


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000000774**  
1. Entity Name  
FIRST HOSPITAL LABORATORIES, INC.



Principal Place of Business      Mailing Address  
240 CORPORATE BLVD      240 CORPORATE BLVD  
NORFOLK, VA 23502 US      NORFOLK, VA 23502 US

**DO NOT WRITE IN THIS SPACE**



01102006    No Chg-P    CR2E034 (11/05)

4. FEI Number  
54-1497463      Applied For  
Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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 obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DOZORETZ, RONALD I MD
STREET ADDRESS	240 CORPORATE BLVD
CITY-ST-ZIP	NORFOLK, VA 23502
TITLE	P
NAME	DOZORETZ, RONALD I M.D.
STREET ADDRESS	240 CORPORATE BLVD
CITY-ST-ZIP	NORFOLK, VA 23502
TITLE	S
NAME	WHITE, REBECCA
STREET ADDRESS	240 CORPORATE BLVD
CITY-ST-ZIP	NORFOLK, VA 23502
TITLE	T
NAME	ORAM, THOMAS E
STREET ADDRESS	240 CORPORATE BLVD
CITY-ST-ZIP	NORFOLK, VA 23502
TITLE	V
NAME	BENNETT, DENNIS
STREET ADDRESS	240 CORPORATE BLVD
CITY-ST-ZIP	NORVOLK, VA 23502
TITLE	VP
NAME	PETTI, MARY ELLEN
STREET ADDRESS	240 CORPORATE BLVD.
CITY-ST-ZIP	NORFOLK, VA 23502

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04/23/06-80135-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Rebecca H. White, Secretary 4/1/06 757-459-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #