


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90394 003 ***150.00



DOCUMENT # F9600000774					
1. Entity Name FIRST HOSPITAL LABORATORIES, INC.					
Principal Place of Business 240 CORPORATE BLVD NORFOLK, VA 23502 US			Mailing Address 240 CORPORATE BLVD NORFOLK, VA 23502 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 54-1497463	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZORETZ, RONALD I MD		NAME	Dennis J. Bennett	
STREET ADDRESS	240 CORPORATE BLVD		STREET ADDRESS	240 Corporate Blvd.	
CITY-ST-ZIP	NORFOLK, VA 23502		CITY-ST-ZIP	Norfolk, VA 23502	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOZORETZ, RONALD I M.D.		NAME	Gloria J. Nuss	
STREET ADDRESS	240 CORPORATE BLVD		STREET ADDRESS	240 Corporate Blvd.	
CITY-ST-ZIP	NORFOLK, VA 23502		CITY-ST-ZIP	Norfolk, VA 23502	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, REBECCA		NAME	Kelly Sharkey	
STREET ADDRESS	240 CORPORATE BLVD		STREET ADDRESS	240 Corporate Blvd.	
CITY-ST-ZIP	NORFOLK, VA 23502		CITY-ST-ZIP	Norfolk, VA 23502	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURIN, JR, E. PAUL		NAME	Beth E. Dozoretz	
STREET ADDRESS	240 CORPORATE BLVD		STREET ADDRESS	240 Corporate Blvd.	
CITY-ST-ZIP	NORFOLK, VA 23502		CITY-ST-ZIP	Norfolk, VA 23502	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DENNIS		NAME		
STREET ADDRESS	240 CORPORATE BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORVOLK, VA 23502		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTI, MARY ELLEN		NAME		
STREET ADDRESS	240 CORPORATE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORFOLK, VA 23502		CITY-ST-ZIP		
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: <i>Gloria J. Nuss</i>			3-18-08		751-459-5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #