

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000774

FILED
Feb 08, 2011
Secretary of State

Entity Name: FIRST HOSPITAL LABORATORIES, INC.

Current Principal Place of Business:

240 CORPORATE BLVD
NORFOLK, VA 23502 US

New Principal Place of Business:

Current Mailing Address:

240 CORPORATE BLVD
NORFOLK, VA 23502 US

New Mailing Address:

FEI Number: 54-1497463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: CD
Name: DOZORETZ, RONALD I
Address: 240 CORPORATE BLVD.
City-St-Zip: NORFOLK, VA 23502

Title: P
Name: BENNETT, DENNIS
Address: 240 CORPORATE BLVD,
City-St-Zip: NORFOLK, VA 23502

Title: S
Name: NUSS, GLORIA J
Address: 240 CORPORATE BLVD.
City-St-Zip: NORFOLK, VA 23502

Title: VP
Name: DOZORETZ, BETH E
Address: 240 CORPORATE BLVD
City-St-Zip: NORVOLK, VA 23502

Title: VP
Name: PETTI, MARY ELLEN
Address: 240 CORPORATE BLVD.
City-St-Zip: NORFOLK, VA 23502

Title: T
Name: HALLER, STEPHEN
Address: 240 CORPORATE BLVD.
City-St-Zip: NORFOLK, VA 23502

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN HALLER

TREA

02/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date