

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61055

FILED
Apr 24, 2008
Secretary of State

Entity Name: LABORATORY PHYSICIANS, P.A.

Current Principal Place of Business:

701 6TH STREET SOUTH
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

5039 CENTRAL AVENUE
SAINT PETERSBURG, FL 337108240 US

New Mailing Address:

FEI Number: 59-2323586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LARRY J
5039 CENTRAL AVENUE
SAINT PETERSBURG, FL 337108240 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: DV () Delete
Name: SMITH JR., DENNIS M
Address: 5039 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 337108240

Title: PD () Delete
Name: DAVIS, LARRY J
Address: 5039 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 337108240

Title: STDV (X) Delete
Name: SONGSTER, CURTIS L
Address: 5039 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 337108240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SMITH JR., DENNIS M
Address: 5039 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 337108240

Title: PSD (X) Change () Addition
Name: DAVIS, LARRY J
Address: 5039 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 337108240

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: LARRY J DAVIS

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date