

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90044 028 ***150.00

DOCUMENT # H83337	
1. Entity Name MEDICAL LABORATORY CONSULTANTS, INC.	



Principal Place of Business 2891 S.W. 13TH CT. DEERFIELD BCH, FL 33442	Mailing Address 2891 S.W. 13TH CT. DEERFIELD BCH, FL 33442
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40012223



2. Principal Place of Business 11134 NW 70th Circle	3. Mailing Address 11134 NW 70th Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State Chiefland, F	City & State Chiefland, FL
Zip 32626	Zip 32626
Country USA	Country USA

4. FEI Number 59-2642595	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEITZNER, PATRICIA F. 2891 S. W. 13TH COURT DEERFIELD BEACH, FL 33442	
7. Name and Address of New Registered Agent Name PATRICIA F. WEITZNER Street Address (P.O. Box Number is Not Acceptable) 11134 NW 70th Circle City Chiefland FL Zip Code 32626	

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 Patricia F. Weitzner <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 1/28/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WEITZNER, PATRICIA F 2891 SW 13TH CT DEERFIELD BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	WEITZNER, PATRICIA F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11134 NW 70th Circle of Address Chiefland, FL 32626
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia F. Weitzner, Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 352 493-2563 <small>Daytime Phone #</small>