

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02016**

1. Entity Name  
TOMOKA MEDICAL LAB, INC.



Principal Place of Business  
783 S. NOVA RD.  
ORMOND BEACH, FL 32174

Mailing Address  
783 S. NOVA RD.  
ORMOND BEACH, FL 32174



02092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2962543

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SABOUNGI, HASSAN  
1570 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176

**DO NOT WRITE  
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 re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SABOUNJI, M. SALEH
STREET ADDRESS	719 HAND AVE.
CITY - ST - ZIP	ORMOND BEACH, FL
TITLE	DVS
NAME	SABOUNGI, MAHMOUD
STREET ADDRESS	648 RIVERSIDE DR.
CITY - ST - ZIP	ORMOND BEACH, FL
TITLE	DVT
NAME	SABOUNGI, HASSAN
STREET ADDRESS	1570 JOHN ANDERSON DR
CITY - ST - ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000059252  
02/20/04-80074-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HASSAN SABOUNGI

Date

Daytime Phone #

Feb 14, 2004

386-677-8014