

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 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



02192007 No Chg-P CR2E034 (11/05)

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

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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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/07-80004-004 150.00

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IN THIS SPACE**

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:

Hassan Sabounji HASSAN SABOUNGI 3/4/07 677-8014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #