

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02016

FILED
Mar 30, 2010
Secretary of State

Entity Name: TOMOKA MEDICAL LAB, INC.

Current Principal Place of Business:

783 S. NOVA RD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

783 S. NOVA RD.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2962543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABOUNGI, HASSAN
1570 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 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: DP
Name: SABOUNJI, M. SALEH
Address: 719 HAND AVE.
City-St-Zip: ORMOND BEACH, FL

Title: DVS
Name: SABOUNGI, MAHMOUD
Address: 648 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL

Title: DVT
Name: SABOUNGI, HASSAN
Address: 1570 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL

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: HASSAN SABOUNGI

DVT

03/30/2010

Electronic Signature of Signing Officer or Director

Date