


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L23505
 1. Entity Name
 ST. JOHNS BIOMEDICAL LABORATORIES, INC.



Principal Place of Business: 165 SOUTH PARK BLDV STE A, ST AUGUSTINE, FL 32086 US
 Mailing Address: % EMMELINA S CEGUERRA, 2411 PEG LEG RD, JACKSONVILLE, FL 32224-1164 US



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2974661 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EMMELINA S CEGUERRA, CPA
 2411 PEG LEG RD
 JACKSONVILLE, FL 32224

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIA, EDWIN O.
STREET ADDRESS	685 STANDISH ROAD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/24/06-80019-016 150.00

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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: Edwin O Sia Edwin O Sia 904 824-5497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #