2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L23505

1. Entity Name

ST. JOHNS BIOMEDICAL LABORATORIES, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

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



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01082007 No Chg-P CR2E034 (11/05)

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.			
SIGNATU	IRE Synatric lysed or protection of a characteristic and the	Lappronic, USDI: Registered Agent square: required miles renstatings	DATE
	arginuse, type are prened notice (the granded agent and rec	tapperanc, (resto) regalized regular square (equical mice resistance)	VAIL
	FILE NOW!!! FEE IS \$150.00 r May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	U00000589952 01/18/07-80087-013 150.00
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 MAME STREET ADDRESS CITY ST ZIP TULF STREET AUXIRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUDRESS CITY STUDE

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12. Thereby 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 eccurate 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 accordance with all other like empowered.

SIGNATURE: 🔀

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

115-2007

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