


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90051 026 ***150.00

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

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|---|---|
| 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 |
|---|---|

QUUUUUA



01092008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-2974661 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 existing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SIA, EDWIN O. 685 STANDISH ROAD ST AUGUSTINE, FL |
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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:  1-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Edwin O Sia, President

Date: 1-15-08 Daytime Phone #