

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23505

FILED
Jan 06, 2009
Secretary of State

Entity Name: ST. JOHNS BIOMEDICAL LABORATORIES, INC.

Current Principal Place of Business:

165 SOUTH PARK BLDV STE A
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

% EMMELINA S CEGUERRA
2411 PEG LEG RD
JACKSONVILLE, FL 322241164 US

New Mailing Address:

FEI Number: 59-2974661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMMELINA S CEGUERRA, CPA
2411 PEG LEG RD
JACKSONVILLE, FL 32224 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: PD () Delete
Name: SIA, EDWIN O.,
Address: 685 STANDISH ROAD
City-St-Zip: ST AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIA, EDWIN O.,
Address: 685 STANDISH ROAD
City-St-Zip: ST AUGUSTINE, FL 32086 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWIN O SIA

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date