

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23505

**FILED**  
**Feb 17, 2011**  
**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:**

CEGUERRA, EMMELINA S  
2411 PEG LEG RD  
JACKSONVILLE, FL 32224 US

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: EMMELINA S CEGUERRA      02/17/2011  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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

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: EMMELINA S CEGUERRA      RA      02/17/2011  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date