

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006445

**FILED
Jan 18, 2005
Secretary of State**

Entity Name: ORACLE DIAGNOSTIC LABORATORIES INC.

Current Principal Place of Business:

3157 N UNIVERSITY DRIVE
SUITE #103
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

3157 N UNIVERSITY DRIVE
SUITE #103
DAVIE, FL 33024

New Mailing Address:

FEI Number: 65-0973273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BANNER, JAMES
3157 N UNIVERSITY DRIVE
SUITE #103
DAVIE, FL 33024 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: DP () Delete
Name: BANNER, JAMES
Address: 3157 N UNIVERSITY DRIVE, SUITE #103
City-St-Zip: DAVIE, FL 33024

Title: DVS () Delete
Name: TANNER, MARC
Address: 3157 N UNIVERSITY DRIVE, SUITE #103
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES BANNER

DP

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date