2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P00000013679

Entity Name: PROFESSIONAL MEDICAL LAB, INC.

Current Principal Place of Business:

5975 SW 8 STREET
MIAMI, FL 33144

New Principal Place of Business:

9788 SW CORAL WAY
MIAMI, FL 33165

Current Mailing Address:

1732 S CONGRESS AVENUE
SUITE 310
WEST PALM BEACH, FL 33461

New Mailing Address:

FEI Number: 26-1366608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCANTARA, AGUEDA M
5509 THURSTON AVE
LAKE WORTH, FL 33463 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: DPST ( ) Delete
Name: ALCANTARA, AGUEDA M
Address: 5509 THURSTON AVENUE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: AGUEDA ALCANTARA P 04/22/2008
Electronic Signature of Signing Officer or Director Date