

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016648

FILED
Apr 23, 2007
Secretary of State

Entity Name: NATURE COAST HISTOLOGY LABORATORY, INC.

Current Principal Place of Business:

545 N CITRUS AVE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

4499 N LECANTO HIGHWAY
BEVERLY HILLS, FL 34465 US

Current Mailing Address:

650 SE PARADISE POINT RD
PMB #4000
CRYSTAL RIVER, FL 34429

New Mailing Address:

4499 N LECANTO HIGHWAY
BEVERLY HILLS, FL 34465 US

FEI Number: 59-3715630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUFF, MICHAEL W
545 N CITRUS AVE
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

DUFF, MICHAEL W
4499 N LECANTO HIGHWAY
BEVERLY HILLS, FL 34465 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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUFF, MICHAEL
Address: 545 N CITRUS AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUFF, MICHAEL
Address: 4499 N LECANTO HIGHWAY
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL DUFF

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date