## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000076304

Entity Name: SFBC ANALYTICAL LABORATORIES, INC.

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11190 BISCAYNE BLVD. MIAMI, FL 33181 **Current Mailing Address: New Mailing Address:** 11190 BISCAYNE BLVD. MIAMI, FL 33181 FEI Number: 23-3089244 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, MICHAEL D 1555 PALM BEACH LAKES BLVD. SUITE 310 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition KRINSKY, LISA M.D. Name: Name: 11190 BISCAYNE BLVD. Address: Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: HANTMAN, ARNOLD Name: 11190 BISCAYNE BLVD. Address: Address: MIAMI, FL 33181 City-St-Zip: City-St-Zip: Title: Title: VD ( ) Delete () Change () Addition HOLMES, GREGORY B DR. Name: Name: 11190 BISCAYNE BLVD. Address: Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: Title: ( ) Delete Title: () Change () Addition XU, ALLAN DR. Name: Name: Address: 11190 BISCAYNE BLVD. Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: Title: Title: () Delete () Change () Addition NATAN, DAVID Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: _	DAVID NATAN	T	04/29/2005

11190 BISCAYNE BLVD.

MIAMI, FL 33181

Address: City-St-Zip: