

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031832

FILED
Jan 14, 2004
Secretary of State

Entity Name: CHARLOTTE COUNTY CLINICAL LAB, INC.

Current Principal Place of Business:

20020 VETERANS BLVD.
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

20020 VETERANS BLVD., SUITE 20
PORT CHARLOTTE, FL 33954

Current Mailing Address:

20020 VETERANS BLVD.
PORT CHARLOTTE, FL 33954

New Mailing Address:

20020 VETERANS BLVD., SUITE 20
PORT CHARLOTTE, FL 33954

FEI Number: 30-0069102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATHENS, JANELLE M
3448 DEPEW AVE.
PORT CHARLOTTE, FL 33952

Name and Address of New Registered Agent:

HOWARD, ROY W
1734 NORTHGATE BLVD.
SARASOTA, FL 34234

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: ROY W. HOWARD

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LATHERS, JULITA E
Address: 4300 POINT COURT
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SMITH, JOHN
Address: 1734 NORTHGATE BLVD.
City-St-Zip: SARASOTA, FL 34234

Title: D () Change (X) Addition
Name: DEGREGORIO, JOSEPH T
Address: 1734 NORTHGATE BLVD.
City-St-Zip: SARASOTA, FL 34234

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: JOHN SMITH

P

01/14/2004

Electronic Signature of Signing Officer or Director

Date