2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075174

Entity Name: FLORIDA CLINICAL LABORATORY, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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95 BULLDOG BLVD., STE. 100 27 E HIBISCUS BLVD MELBOURNE, FL 32901 MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

95 BULLDOG BLVD., STE. 100 27 E HIBISCUS BLVD MELBOURNE, FL 32901 MELBOURNE, FL 32901

FEI Number: 03-0473376 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:

KANCILIA, JOHN R
1800 WEST HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901 US
KANCILIA, JOHN R
1795 W NASA BLVD
MELBOURNE, FL 32901 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: 04/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PSTD
 () Delete

 Name:
 DELIGDISH, CRAIG K M.D.

 Address:
 95 BULLDOG BLVD., STE. 100

 City-St-Zip:
 MELBOURNE, FL 32901

Title: S () Delete Name: KANCILIA, JOHN R

Address: 1800 WEST HIBISCUS BLVD., STE. 138

MELBOURNE, FL 32901

City-St-Zip: MELBOURNE, FL 32901

 Title:
 S
 (X) Delete

 Name:
 SARGENT, GREGG

 Address:
 95 BULLDOG BLVD

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: DELIGDISH, CRAIG K M.D.
Address: 1344 S APOLLO BLVD STE 400
City-St-Zip: MELBOURNE, FL 32901

Title: S (X) Change () Addition

Name: SARGENT, GREGG Address: 27 E HIBISCUS BLVD City-St-Zip: MELBOURNE, FL 32901

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: CRAIG K DELIGDISH PTD 04/24/2009