

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000075174

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA CLINICAL LABORATORY, INC.

**Current Principal Place of Business:**

27 E HIBISCUS BLVD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

27 E HIBISCUS BLVD  
SUITE C  
MELBOURNE, FL 32901

**Current Mailing Address:**

27 E HIBISCUS BLVD  
MELBOURNE, FL 32901

**New Mailing Address:**

27 E HIBISCUS BLVD  
SUITE C  
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:**

KANCILIA, JOHN R  
1795 W NASA BLVD  
MELBOURNE, FL 32901 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:** PTD  
**Name:** DELIGDISH, CRAIG K M.D.  
**Address:** 1344 S APOLLO BLVD STE 400  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** S  
**Name:** SARGENT, GREGG  
**Address:** 27 E HIBISCUS BLVD STE C  
**City-St-Zip:** MELBOURNE, FL 32901

I hereby 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 all other like empowered.

**SIGNATURE:** CRAIG K DELIGDISH

PTD

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date