## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000111458

Entity Name: WASHINGTON MEDICAL LABORATORY INC.

FILED Jan 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5721 HALLANDALE BEACH BLVD. 5721 HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023

HOLLYWOOD, FL 33023

**Current Mailing Address: New Mailing Address:** 

5721 HALLANDALE BEACH BLVD. 5721 HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023

HOLLYWOOD, FL 33023

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURRAY, STANLEY MURRAY, STANLEY 5721 HALLANDALE BEACH BLVD. 5721 HALLANDALE BEACH BLVD.

SUITE C3 SUITE BY HOLLYWOOD, FL 33023 US HOLLYWOOD, FL 33023 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: 01/18/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete () Change () Addition

MURRAY, STANLEY Name: Name: 5721 HALLANDALE BEACH BLVD. Address: Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip:

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 Statutés. 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: STANLEY MURRAY **PSDT** 01/18/2005