## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # P02000111458

1. Entity Name
WASHINGTON MEDICAL LABORATORY INC.



## FILED Sep 06, 2005 8:00 A.M. Secretary of State

			190							
Principal Plac	e of Business	Mailing Address								
	NDALE BEACH BLVD.	5721 HALLANDALE BEACH BLVD.			٠٠٠٠٠	<b>~</b>	**051/			
( C3   HOLLYWOOD, FL 33023		C3					10	,		
			·····							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0826	2005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			Number PPLIED			r i	oplied For	
Zip	Country	Zip	Country			f Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent		Fee Required  7. Name and Address of New Registered Agent						
			Name							
MURRAY, STANLEY				Street Address (P.O. Box Number is Not Acceptable)						
5721 HALLANDALE BEACH BLVD. SUITE C3			300007	Street Address (P.O. Box Number is			e) 			
HOLLYWOOD, FL 33023										
			City				FL	Zip Code	e	
8. 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. I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE Signature, typed or printed parts of printed pa										
	Signature, typed or printed name of registered agent	hold eithe id applicable	Registered Agent signs	ture required when reins	tating)		DATE			
	·	9. Election Campaig	n Elnencina	\$5.00 May						
Am	ended AR is \$61.25	Trust Fund Contri							j	
	OFFICEDO AND	DIRECTORS	Taa		7/01/01/0					
10. TITLE	OFFICERS AND DIRECTORS . 11. PSTD Delete TITLE			ADDI	HONS/C	HANGES TO OF	-ICERS AND			
NAME	MURRAY, STANLEY				700059392627 09/07/0501027006 **61,25					
STREET ADDRESS				1 0	19/07/	/050102	7006	**61.	25	
CITY-ST-ZIP	HOLLYWOOD, FL 33023									
TITLE	Lilian Maciel	PSTD. Delete	TITLE					☐ Change	☐ Addition	
NAME	hillan Maciel PSTD. Delete MAM  5721 Hallandele Beach Blod  STR									
STREET AODRESS City-St-Zip	m no - 23									
				1						
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CITY-ST-ZIP			CITY-ST-ZIP							
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STREET ADDRESS		٨	STREET ADDRESS						-	
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP						į	
12. I hereby o	certify that the information supplied with	his filing does not quality for t	the exemption st	ated in Section 11	9.07(3)(i),	Florida Statutes.	I further certi	fy that the in	nformation	
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE:					<u> Y-2</u>	27-05	<u> 302-</u>	390 - 8 sytime Phone #	251	
	SKINTER AND THE OR	THE PROPERTY OF SECURING OFFICER O	m UNECTOR			Date	Da	yume Phone #		