


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

DOCUMENT # P02000111458 1. Entity Name WASHINGTON MEDICAL LABORATORY INC.					
Principal Place of Business 5721 HALLANDALE BEACH BLVD. C3 HOLLYWOOD, FL 33023			Mailing Address 5721 HALLANDALE BEACH BLVD. C3 HOLLYWOOD, FL 33023		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURRAY, STANLEY 5721 HALLANDALE BEACH BLVD. SUITE C3 HOLLYWOOD, FL 33023				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: <u><i>Stanley Murray</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>8-23-05</u>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MURRAY, STANLEY 5721 HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700059392627 09/07/05--01027--006 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hilian Maciel PSTD <input type="checkbox"/> Delete 5721 Hallandale Beach Blvd Hollywood FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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><i>Hiliana Maciel</i></u>			Date: <u>8-27-05</u> Daytime Phone #: <u>305-390-8254</u>		