
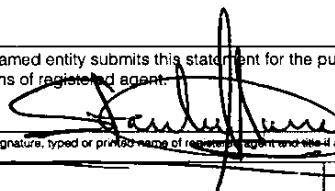
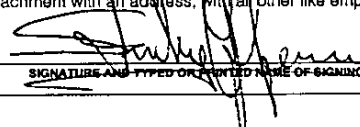


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000111458 1. Entity Name WASHINGTON MEDICAL LABORATORY INC.						FILED 05 DEC -8 PM 3:27 SECRETARY OF STATE PALM BEACH, FLORIDA	
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 Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
12012005 Chg-P CR2E034 (10/03)				4. FEI Number APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MURRAY, STANLEY 5721 HALLANDALE BEACH BLVD. SUITE C3 HOLLYWOOD, FL 33023			
7. Name and Address of New Registered Agent 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:  DATE: 11-27-05 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 MACIEL, LILIAN 5721 HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 300061994769 12/08/05--01003--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD Lenka Slepick Kova. 5721 Hallandale Beach Blvd. Hollywood FL 33023 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD. Lenka Slepick Kova 5721 Hallandale Beach Blvd Hollywood FL 33023 <input checked="" 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			
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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, vital, other like empowered.							
SIGNATURE: 				11-27-05 305-340-8255 <small>Date Daytime Phone #</small>			

only change.