

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010796

FILED
Mar 30, 2011
Secretary of State

Entity Name: ACCESS MEDICAL LABORATORIES, INC.

Current Principal Place of Business:

2151 ALT A1A SOUTH
1500
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

2151 ALT A1A SOUTH
1500
JUPITER, FL 33477

New Mailing Address:

FEI Number: 59-3764882 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILLEY & WYANT-CORTEZ, PA
860 US HIGHWAY 1
SUITE 108
NORTH PALM BEACH, FL 33408 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

OFFICERS AND DIRECTORS:

Title: PTD
Name: ELHOSSEINY, MOHAMED
Address: 2151 ALT A1A S # 1500
City-St-Zip: JUPITER, FL 33477

Title: VSD
Name: ELHOSSEINY, SUSAN
Address: 2151 ALT A1A S # 1500
City-St-Zip: JUPITER, FL 33477

Title: VD
Name: ELHOSSEINY, SHARIF
Address: 2151 ALT A1A S # 1500
City-St-Zip: JUPITER, FL 33477

Title: VD
Name: ELHOSSEINY, RYAN
Address: 2151 ALT A1A S # 1500
City-St-Zip: JUPITER, FL 33477

Title: VD
Name: ELHOSSEINY, ADAM
Address: 2151 ALT A1A S # 1500
City-St-Zip: JUPITER, FL 33477

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: MOHAMED ELHOSSEINY

PTD

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date