2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2005
Secretary of State

DOCUMENT# P03000035179

Entity Name: LABORATORY ANALYSTS INC.

Current Principal Place of Business:

4445 NE 2ND COURT
OCALA, FL 34479 US

New Principal Place of Business:

7240 NW 14TH ST
OCALA, FL 34482 US

Current Mailing Address:

4445 NE 2ND COURT
OCALA, FL 34479 US

New Mailing Address:

7240 NW 14TH ST
OCALA, FL 34482 US

FEI Number: 48-1307432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIA, PETER V
4445 NE 2ND COURT
OCALA, FL 34479 US

Name and Address of New Registered Agent:

ATRIA, PETER V
7240 NW 14TH ST
OCALA, FL 34482 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: PETER V. ATRIA 10/19/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ATRIA, PETER V
Address: 4445 NE 2ND COURT
City-St-Zip: OCALA, FL 34479 US

Title: VP ( ) Delete
Name: ATRIA, SHARON
Address: 4445 NE 2ND COURT
City-St-Zip: OCALA, FL 34479 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ATRIA, PETER V
Address: 7240 NW 14TH ST
City-St-Zip: OCALA, FL 34482 US

Title: VP (X) Change ( ) Addition
Name: ATRIA, SHARON
Address: 7240 NW 14TH
City-St-Zip: OCALA, FL 34482 US

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 Statutes. 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: PETER V. ATRIA P 10/19/2005
Electronic Signature of Signing Officer or Director Date