2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# P03000040731

Entity Name: ADVANCED CLINICAL LABORATORIES, INC.

Current Principal Place of Business:

595 OAK COMMONS BOULEVARD
SUITE B
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

595 OAK COMMONS BOULEVARD
SUITE B
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 16-1660256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACCOLA, JOHN E JR. MD.
9945 QUIET LN
WINTER GARDIN, FL 34787 US

Name and Address of New Registered Agent:

ACCOLA, JOHN E JR. MD.
6149 CARTMEL LANE
WINDERMERE, FL 34786 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: JOHN E ACCOLA JR 01/31/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: ACCOLA, JOHN E JR. MD
Address: 9945 QUIET LN
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ACCOLA, JOHN E JR. MD
Address: 6149 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN E ACCOLA JR CEO 01/31/2006
Electronic Signature of Signing Officer or Director Date