

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040731

FILED  
Mar 30, 2007  
Secretary of State

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:**

801 W. OAK STREET  
SUITE 205  
KISSIMMEE, FL 34741

**Current Mailing Address:**

595 OAK COMMONS BOULEVARD  
SUITE B  
KISSIMMEE, FL 34741

**New Mailing Address:**

801 W. OAK STREET  
SUITE 205  
KISSIMMEE, FL 34741

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.  
6149 CARTMEL LANE  
WINDERMERE, FL 34786 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

DR

03/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date