**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P03000053702 1. Entity Name 02-04-2004 90086 040 \*\*\*158.75 MEDICAL LABORATORY SOLUTION, INC. Mailing Address Principal Place of Business 12 WINCOVE LANE 12 WINCOVE LANE **ROCKLEDGE FL 32955 ROCKLEDGE FL 32955** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MINCOUSE **MIAMI FL 33145** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1; 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition VSD TITLE TITLE □ Delete BERNARD, JEFFREY NAME NAME 12 WINDCOVE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL 32955 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE RABBITTS, DAVID Y G NAME 12 WINDCOVE LANE STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TIT) F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED