

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03450

Entity Name: DOCTORS LABORATORY, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

2906 JULIA DR
VALDOSTA, GA 31602

New Principal Place of Business:

Current Mailing Address:

2906 JULIA DR
P.O. BOX 4750
VALDOSTA, GA 31604

New Mailing Address:

FEI Number: 58-1088326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: DAVIS, MD, BYRON S
Address: 2906 JULIA DR
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: TOLBERT, W T
Address: 2906 JULIA DRIVE
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: CORKER, FRANK T
Address: 2803 COUNTRY CLUB DR
City-St-Zip: VALDOSTA, GA 31602

Title: C () Delete
Name: FRICKS, ROY E
Address: 2906 JULIA DR
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: COURSON, A. LAMAR
Address: 2906 JULIA DRIVE
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: LAWSON, QUENTIN T
Address: 2906 JULIA DRIVE
City-St-Zip: VALDOSTA, GA 31602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROY E. FRICKS

CFO

03/23/2009

Electronic Signature of Signing Officer or Director

Date