

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03450

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** DOCTORS LABORATORY, INC.

**Current Principal Place of Business:**

2906 JULIA DR  
VALDOSTA, GA 31602

**New Principal Place of Business:**

2906 JULIA DR  
SUITE 100  
VALDOSTA, GA 31602 UN

**Current Mailing Address:**

4380 FEDERAL DRIVE  
100  
GREENSBORO, NC 27410

**New Mailing Address:**

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

**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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** WEAVIL, DAVID  
**Address:** 4380 FEDERAL DRIVE, SUITE 100  
**City-St-Zip:** GREENSBORO, NC 27410

**Title:** SECR  
**Name:** SOLOMON, PAUL  
**Address:** 4380 FEDERAL DRIVE, SUITE 100  
**City-St-Zip:** GREENSBORO, NC 27410

I hereby 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 all other like empowered.

SIGNATURE: PAUL SOLOMON

SECR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date