

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90116 041 \*\*\*150.00

DOCUMENT # P04000044041

1. Entity Name

PACIFIC MEDICAL LABORATORIES, INC.



Principal Place of Business

2140 WEST 68TH STREET  
401  
HIALEAH FL 33016  
US

Mailing Address

1235 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162  
US

2. Principal Place of Business

16401 N.W. 2 AVE  
Suite, Apt. #, etc.  
204

3. Mailing Address

SAME AS PLACE OF BUSINESS  
Suite, Apt. #, etc.

City & State

N. MIAMI BEACH FL

City & State

4. FEI Number

55-0866588

Applied For

Not Applicable

Zip

33169

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

FEBLES, ANA M MS.  
780 EAST 43 STREET  
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

FEBLES, ANA M. MS.

Street Address (P.O. Box Number is Not Acceptable)

6125 W. 20 AVE APT #203

City

HIALEAH, FL.

FL

Zip Code  
33012

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

ANA M. FEBLES

REGISTERED AGENT &  
PRESIDENT.

3/31/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FEBLES, ANA M MS.  
STREET ADDRESS 780 EAST 43 STREET  
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

TITLE VP  
NAME ESTRADA, PEDRO A MR.  
STREET ADDRESS 1235 NE 180 STREET  
CITY-ST-ZIP N MIAMI BEACH FL 33162 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER  
NAME MAGALY CORDOVA  
STREET ADDRESS 12005 N.W. 11 ST.  
CITY-ST-ZIP PEMBROKE PINES, FL 33026 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

ANA M. FEBLES

ANA M. FEBLES

3/31/05

786 262 3132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #