2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067476

Name:

Address:

City-St-Zip:

Entity Name: CRONOS CLINICAL LABORATORY, INC

FILED Apr 20, 2007 Secretary of State

Entity Name: CROP	NOS CLINICAL LABORATORY, IN	IC.				
Current Principal Place of Business:		New Principal Place of Business:				
2650 NW 97TH AVEN MIAMI, FL 33172	NUE					
Current Mailing Address:		New Mailing Address:				
2650 NW 97TH AVEN MIAMI, FL 33172	NUE					
FEI Number: 54-2150800 FEI Number Applied For ()		FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:			
CHAO, ERNESTO 2650 NW 97TH AVEN MIAMI, FL 33172						
The above named entin the State of Florida	tity submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or	- both,	
SIGNATURE:						
Elec	tronic Signature of Registered Ag	ent		Date		
Election Campaign Finar	ncing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	P CHAO, ERNI 2650 NW 97 MIAMI, FL 3	AVE		
Title:	() Delete	Title:	S	() Change (X) Addition		

Name:

Address:

City-St-Zip:

DIAZ, ANA I S

2650 NW 97 AVE

MIAMI, FL 33172

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: ERNESTO CHAO P 04/20/2007