

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000120997

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** STREAMLINE LAB PRODUCTS, INC.

**Current Principal Place of Business:**

610 CENTER RD.  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

120 6TH ST.  
FORT MYERS, FL 33907 US

**Current Mailing Address:**

P.O. BOX 60081  
FORT MYERS, FL 33906 US

**New Mailing Address:**

**FEI Number:** 20-1548570      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSIE, CHARLES A  
15671 SAN CARLOS BLVD  
STE. 201  
FORT MYERS, FL 33908 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:** PD  
**Name:** CHAMBRE, PAUL A  
**Address:** 120 6TH ST.  
**City-St-Zip:** FORT MYERS, FL 33907

**Title:** SD  
**Name:** KULCZYK, DIANE  
**Address:** 4560 ESTERO BLVD #501  
**City-St-Zip:** FORT MYERS BEACH, FL 33931

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 CHAMBRE

PD

03/11/2011

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

\_\_\_\_\_  
Date