


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000066881</b> 1. Entity Name CLINICAL LABORATORY SUPPLIES, INC.	
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Principal Place of Business 1750 NW 65TH AVENUE PLANTATION, FL 33313	Mailing Address 1750 NW 65TH AVENUE PLANTATION, FL 33313
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**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2511986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  JOHNSTON, CYNTHIA L 1750 NW 65TH AVENUE PLANTATION, FL 33313
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

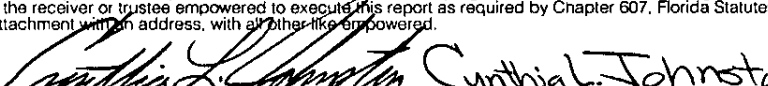
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSTON, CYNTHIA L 1750 NW 65TH AVENUE PLANTATION, FL 33313
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09/05/07-80003-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **Cynthia L. Johnston** **8/31/07 954-689-7305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #