## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000158328

Entity Name: INFINITY MEDICAL & VETERINARY LABS, INC.

FILED Feb 23, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1850 N.W. 69TH AVENUE 1565 NW 68 AVE

SUNRISE, FL 33313 SUITES 1-2

PLANTATION, FL 33313

**New Mailing Address: Current Mailing Address:** 

1850 N.W. 69TH AVENUE 1565 NW 68 AVE

SUITES 1-2 SUNRISE, FL 33313 US PLANTATION, FL 33313 US

FEI Number: 34-2060937 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARON, KEITH D JD GIBSON-DAVIS, JANET 10200 REFLECTIONS BLVD. WEST 1565 NW 68 AVE

SUITE 104 SUNRISE, FL 33313 US

SUNRISE, FL 33351 US

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: JANET GIBSON-DAVIS 02/23/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition

Name: KUMAR, RAJAGOTALAN M.D. Name: GIBSON-DAVIS, JANET 1850 N.W. 69TH AVENUE - SUITES 1-2 1565 NW 68 AVE Address: Address: SUNRISE, FL 33313 US City-St-Zip: PLANTATION, FL 33313 US City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition Name: CAPRIOLI, FRANK Name: KUMAR. .RAJAGOTALAN M.D.

4379 S.W. 10TH PLACE - #106 .1850 N.W. 69TH AVENUE - SUITES 1-2 Address: Address:

DEERFIELD BEACH, FL 33442 US .PLANTATION, FL 33313 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: TRFA () Delete DIR

BARON, KEITH D JD BARON, KEITH D JD Name: Name:

10200 REFLECTIONS BLVD. - # 104 10200 REFLECTIONS BLVD. - # 104 Address: Address:

City-St-Zip: SUNRISE, FL 33351 US City-St-Zip: SUNRISE, FL 33351 US

Title: DOO ( ) Delete Title: () Change () Addition CARRILLO, ARTURO Name: Name:

Address: 18061 BISCAYNE BLVD. - APARTMENT 1204 Address: City-St-Zip: City-St-Zip: AVENTURA, FL 33160 US

Title: CEO Title: () Delete () Change () Addition

WHITE, ANDRE Name: Name: 1565 N.W. 60TH AVENUE Address: Address: City-St-Zip: SUNRISE, FL 33313 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition JAMES, ANDREW Name: Name: BHAGCHANDANI, LAL K MD 3430 N.W. 34TH STREET 10961 NW 69TH PLACE Address: Address:

City-St-Zip: LAUDERDALE LAKES, FL 33309 US City-St-Zip: PARKLAND, FL 33076 US

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: JANET GIBSON-DAVIS **PRES** 02/23/2006

Electronic Signature of Signing Officer or Director

Date