2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# P07000089080

Entity Name: MEDICAL LAB ON WHEELS INC.

Current Principal Place of Business:

3249 ROLAND DR
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

3249 ROLAND DR
DELTONA, FL 32738

New Mailing Address:

FEI Number: 26-0682574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMERICAN TAX & PAYROLL SERVICES LLC
1033 SR 436 SUITE 245
CASSELBERRY, FL 32707 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROMAN, RUTH
Address: 3249 ROLDAN DR
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete
Name: MAGANA, MARIA H
Address: 221 WOODBURY PINE CR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RUTH ROMAN CEO 04/02/2008

Electronic Signature of Signing Officer or Director Date