2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108121

Entity Name: LAB SERVICES GROUP, INC

FILED Mar 14, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

610 RIVERA DUNES WAY #604 610 RIVERA DUNES WAY PALMETTO, FL 34221

UNIT 604

PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

610 RIVERA DUNES WAY #604 610 RIVERA DUNES WAY PALMETTO, FL 34221 **UNIT 604**

PALMETTO, FL 34221

FEI Number: 26-0714540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BROWN, GARY M BROWN, SANDRA L 610 RIVÉRA DUNES WAY #604 PALMETTO, FL 34221

610 RIVÉRA DUNES WAY UNIT 604 PALMETTO, FL 34221 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: SANDRA L BROWN 03/14/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

BROWN, SANDRA L Name: Name: 610 RIVIERA DUNES WAY #604 Address: Address:

City-St-Zip: City-St-Zip: PALMETTO, FL 34221

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

Name: Name: BROWN, GARY M

Address: Address: 610 RIVIERA DUNES WAY #604

PALMETTO, FL 34221 City-St-Zip: 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: SANDRA L BROWN **PRES** 03/14/2008