

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000052088

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** FULCRUM CLINICAL LABORATORIES, INC.

**Current Principal Place of Business:**

13650 W COLONIAL DR STE 170  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

13650 W COLONIAL DR  
STE 170  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

13650 W COLONIAL DR STE 170  
WINTER GARDEN, FL 34787

**New Mailing Address:**

13650 W COLONIAL DR  
STE 170  
WINTER GARDEN, FL 34787

**FEI Number:** 27-2958978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEHARRY, EDWARD  
2755 GRAPEVINE CREST  
OCOE, FL 34761 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:** D  
**Name:** BEHARRY, EDWARD  
**Address:** 2755 GRAPEVINE CREST  
**City-St-Zip:** OCOE, FL 34761

**Title:** D  
**Name:** CUMMINS, RYAN  
**Address:** 1666 GRANDIFLORA AVE.  
**City-St-Zip:** CLERMONT, FL 34761

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:** EDWARD BEHARRY

CEO

04/15/2011

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

\_\_\_\_\_  
Date