

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000071260

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL STAT LABORATORY, INC.

**Current Principal Place of Business:**

1776 W. BROWARD BLVD  
FT. LAUDERDALE, FL 33306 US

**New Principal Place of Business:**

**Current Mailing Address:**

1776 W. BROWARD BLVD  
FT. LAUDERDALE, FL 33306 US

**New Mailing Address:**

**FEI Number:** 27-4000636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAZA, MUKHTAR  
1776 W. BROWARD BLVD  
FT. LAUDERDALE, FL 33306 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:** RAZA, MUKHTAR  
**Address:** 1776 W. BROWARD BLVD  
**City-St-Zip:** FT. LAUDERDALE, FL 33306 US

**Title:** D  
**Name:** HALL, FREDDY T JR  
**Address:** 1776 W. BROWARD BLVD.  
**City-St-Zip:** FT. LAUDERDALE, FL 33306 US

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:** MUKHTAR RAZA

D

04/30/2012

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

\_\_\_\_\_  
Date