

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P11000067382

FILED
Feb 23, 2012
Secretary of State

Entity Name: MEDYTOX INSTITUTE OF LABORATORY MEDICINE, INC.

Current Principal Place of Business:

400 SOUTH AUSTRALIAN AVENUE
SUITE 800
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

712 US HIGHWAY ONE
SUITE 210-1
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

400 SOUTH AUSTRALIAN AVENUE
SUITE 800
WEST PALM BEACH, FL 33401 US

New Mailing Address:

712 US HIGHWAY ONE
SUITE 210-1
NORTH PALM BEACH, FL 33408 US

FEI Number: 45-4495853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, CLIFFORD J
8200 SEMINOLE BLVD
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

DOUGHERTY, THOMAS H
712 US HWY ONE
SUITE 210-5
NORTH PLM BEACH, FL 33408 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: THOMAS H DOUGHERTY

02/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: RAY, BRADLEY
Address: 7028 FISH CREEK LANE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: CEO
Name: RAY, BRADLEY
Address: 7028 FISH CREEK LANE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: S/T
Name: RAY, BRADLEY
Address: 7028 FISH CREEK LANE
City-St-Zip: WEST PALM BEACH, FL 33411 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: BRADLEY RAY

P/D

02/23/2012

Electronic Signature of Signing Officer or Director

Date