

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000101023

FILED  
Mar 01, 2012  
Secretary of State

Entity Name: APEX CLINICAL LABORATORIES, INC.

## Current Principal Place of Business:

3343 SOUTH ATLANTIC AVENUE  
#202  
DAYTONA BEACH SHORES, FL 32118

## New Principal Place of Business:

933 BEVILLE ROAD  
SUITE 101G  
SOUTH DAYTONA, FL 32119 US

## Current Mailing Address:

PO BOX 290993  
PORT ORANGE, FL 32129

## New Mailing Address:

3343 SOUTH ATLANTIC AVE  
# 202  
DAYTONA BEACH SHORES, FL 32118 US

FEI Number: 45-3914755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEAPS, JORDAN B  
3343 SOUTH ATLANTIC AVENUE  
#202  
DAYTONA BEACH SHORES, FL 32118 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: CEO  
Name: HEAPS, JORDAN B  
Address: 3343 SOUTH ATLANTIC AVENUE #202  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US

Title: PVS  
Name: HEAPS, JORDAN B  
Address: 3343 SOUTH ATLANTIC AVENUE #202  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US

Title: TRES  
Name: HEAPS, JESSICA B  
Address: 3343 SOUTH ATLANTIC AVE #202  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 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: JORDAN HEAPS

CEO

03/01/2012

Electronic Signature of Signing Officer or Director

Date