2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 13, 2005
Secretary of State

DOCUMENT# P95000054604

Entity Name: NATIONWIDE LABORATORY SERVICES, INC.

Current Principal Place of Business:

2030 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2030 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0648242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHELSON, STUART R
200 SE 13TH STREET
FT LAUDERDALE, FL 33316 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:	VP	( ) Delete
Name:	ROBINSON, RICKI	
Address:	800 MONARCH DRIVE	
City-St-Zip:	LACANADA, CA 91011	
Title:	CEO	( ) Delete
Name:	GINSBURG, MARK J	
Address:	2030 WEST MCNAB ROAD	
City-St-Zip:	FT LAUDERDALE, FL 33309	
Title:	PD	(X) Delete
Name:	MAHLKE, KENT	
Address:	2030 WEST MCNAB ROAD	
City-St-Zip:	FT LAUDERDALE, FL 33309	
Title:	VP-S	( ) Delete
Name:	LAVATI, BRENDA	
Address:	2030 WEST MCNAB ROAD	
City-St-Zip:	FT LAUDERDALE, FL 33309	
Title:	TR	( ) Delete
Name:	MANN, THOMAS J	
Address:	2030 WEST MCNAB ROAD	
City-St-Zip:	FT LAUDERDALE, FL 33309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP-S	(X) Change ( ) Addition
Name:	PETRUSO, MARY	
Address:	2030 WEST MCNAB ROAD	
City-St-Zip:	FT LAUDERDALE, FL 33309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUTH DREWS PM 10/13/2005

Electronic Signature of Signing Officer or Director — Date