## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000054604

MANN, THOMAS J

2030 WEST MCNAB ROAD

FT LAUDERDALE, FL 33309

Name:

Address:

City-St-Zip:

FILED Apr 25, 2006 Secretary of State

Entity Name: NATIONWIDE LABORATORY SERVICES, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	ST MCNAB RC UDERDALE, F				
Current Mailing Address:			New Mailing Address:		
	ST MCNAB RC UDERDALE, F				
FEI Number:	: 65-0648242	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MICHELSON, STUART R 200 SE 13TH STREET FT LAUDERDALE, FL 33316 US			MANN, THOMAS J 2030 W. MCNAB ROAD FT LAUDERDALE, FL 33309 US		
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: THOMAS J. MANN				04/25/2006	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ( ROBINSON, RI 800 MONARCH LACANADA, CA	I DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CEO ( GINSBURG, M 2030 WEST M FT LAUDERDA	CNAB ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP-S ( PETRUSO, MA 2030 WEST M FT LAUDERDA	CNAB ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	TR (	) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS J. MANN TR 04/25/2006