## FILED May 02, 2007 8:00 am Secretary of State

2007	TUR PRUFII CURPURATIUI	N
	ANNUAL REPORT	
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DOCUMENT # P96000067226  1. Entity Name DRUG TEST COORDINATORS, INC.							05-02-2007 9	90114 01	1 ***150	0.00	
Principal Place	a of Rusines		Mailing Address				40	<b>→</b> -			
Principal Place of Business  1092 ARABIAN DR  LOXAHATCHEE, FL 33470  Mailing Address  1092 ARABIAN DR  LOXAHATCHEE, FL 33470						£ ( <b>88</b> ) ( <b>88</b> ) (18	18119 BII4 BPU ABU ABU		44B18 11818 844	IBR: II (88)	
a District Office of District No. DO Day to 1											
Principal Place of Business - No P.O. Box #     Mailing Address							.	ININ NEI NEIN NUIZ NOIZ	OUIS DAII 12012		IRBI II IBRI
Suite, Apt. #, etc. Suite, Apt. #, etc			Suite, Apt. #, etc.				04302007	Chg-P	CR2E034	1 (12/06)	
City & State			City & State				4. FEI Numbe 65-0686				plied For t Applicable
Zip		Country Zip Cour			try			of Status Desired	<b>\$</b>	8.75 Add	
									F6	e Required	1
	6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New Re	gistered Ag	ent	
ROSS, VERNON C 1092 ARABIAN DR				Street Address (P.O. Box Number is Not Acceptable)							
LOXAHAT	CHEE, FL	_ 33470							· · · · · ·	<del>-</del>	
					City				FL	Zip Code	,
8. The above	named entit	ty submits this statement fo	r the purpose of changing its	register	ed office or	register	red agent, or bot	h, in the State of Flo		niliar with, i	and accept
		tered agent.	, ,	•		·	Ť				i
SIGNATURE_											
	Signature, typed	d or printed name of registered agent	and title if applicable. (NOTi	E: Registere	d Agent signat	ure required	when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ncing	<b>\$5</b> . Add	.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND D	DIRECTORS	S IN 11
TITLE	P		☐ Delete	TITL		T/0			-	Change	☐ Addition
NAME STREET ADDRESS	14				e Et address	VERNON C. ROSS 1092 ARABIAN DRIVE					
CITY-ST-ZIP					-ST-ZiP	LOXAHATCHEE FL 33470					
TITLE			☐ Delete	TITL	<u> </u>	R/1	1	,	[	Change	Addition
NAME	NAME JOANNE L. ROSS										
STREET ADDRESS CITY-ST-ZIP	STR					109	L ARAI	HEE F	1 32	470	
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CITY-ST-ZIP	_			<del></del>	-\$T-ZIP					¬	
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CITY-ST-ZIP	]			CITY	-ST-ZIP						
TITLE			☐ Delete	TITL					İ	☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRI	et address						
CITY-ST-ZIP	1.				-ST-ZIP						
12. I hereby	certify that th	he information supplied with	this filing does not qualify for	or the ex	emptions of	contained	d in Chapter 119	, Florida Statutes. I	further certify	y that the in	nformation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an appearmment with an address, with all other like empowered.											
changed, or on an apachment with an address, with all other like empowered.											