

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000091946

FILED
Sep 28, 2009
Secretary of State**Entity Name:** SUPPORT PLUS MEDICAL LABORATORY, INC.**Current Principal Place of Business:**3541 SW CORP PKWY
PALM CITY, FL 34990 US**New Principal Place of Business:****Current Mailing Address:**3541 SW CORP PKWY
PALM CITY, FL 34990 US**New Mailing Address:**904 SE PRIMA VISTA BLVD.
#200
PORT ST LUCIE, FL 34952 US**FEI Number:** 65-0756759**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAY, ROBERT A
3541 SW CORP PKWY
PALM CITY, FL 34990 US**Name and Address of New Registered Agent:**FORBES, RICHARD A
11883 SW 9TH MANOR
DAVIE, FL 34952 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: RICHARD FORBES, EA

09/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PCEO () Delete
Name: RAY, ROBERT A
Address: 4600 SW DEER RUN AVE
City-St-Zip: OKEECHOBEE, FL 34974**Title:** D () Delete
Name: FIELDER, RICH
Address: 8211 COMPTON WAY
City-St-Zip: MELBOURNE, FL 32940**Title:** D () Delete
Name: FREEMAN, MARY
Address: 1995 SW MARTIN HWY
City-St-Zip: PALM CITY, FL**Title:** D (X) Delete
Name: FREEMAN, GARY
Address: 1995 SW MARTIN HWY
City-St-Zip: PALM CITY, FL**Title:** D (X) Delete
Name: BLACK, LENNOX K.
Address: 155 S LIMERICK
City-St-Zip: LIMERICK, PA 19468**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PCEO (X) Change () Addition
Name: TROWBRIDGE, WARREN K
Address: 904 SE PRIMA VISTA BLVD. #200
City-St-Zip: PORT ST LUCIE, FL 34952**Title:** VP (X) Change () Addition
Name: THIBOULT, MARY JO
Address: 904 SE PRIMA VISTA BLVD. #200
City-St-Zip: PORT ST LUCIE, FL 34952**Title:** CFO (X) Change () Addition
Name: FRIEDFELD, ERIC
Address: 904 SE PRIMA VISTA BLVD. #200
City-St-Zip: PORT ST LUCIE, FL 34952**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: WARREN K TROWBRIDGE

PCEO

09/28/2009

Electronic Signature of Signing Officer or Director

Date