

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091946

**FILED**  
**Feb 25, 2010**  
**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:**

904 SE PRIMA VISTA BLVD.  
#200  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

3541 SW CORPORATE PKWY  
PALM CITY, FL 34990 US

**FEI Number:** 65-0756759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORBES, RICHARD A  
11883 SW 9TH MANOR  
DAVIE, FL 34952 US

**Name and Address of New Registered Agent:**

FORBES, RICHARD A  
11883 SW 9TH MANOR  
DAVIE, FL 33325 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:**

02/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** TROWBRIDGE, WARREN K  
**Address:** 3541 SW CORPORATE PKWY  
**City-St-Zip:** PALM CITY, FL 34990

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:** WARREN K TROWBRIDGE

CEO

02/25/2010

Electronic Signature of Signing Officer or Director

Date