

PROFIT CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90007 040 ***150.00

DOCUMENT # **P97000004776**

1. Corporation Name
COLUMBIA CENTRAL FLORIDA LABORATORY SERVICES, INC.

Principal Place of Business
**1173 Old Dixie Hwy.
Suite B
Lake Park, FL 33403
US**

Mailing Address
**P. O. BOX 12277
LAKE PARK FL 33403-0277**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/13/1997

4. FEI Number
65-0738953

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
**STILL, JOSEPH K JR
500 AUSTRALIAN AVE S, SUITE 600
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, TILMAN L	1.2 NAME	
STREET ADDRESS	1524 39TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33407	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	BARRETT, ROBERT C	2.2 NAME	
STREET ADDRESS	5619 N BAY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	STURROCK, ALICE	3.2 NAME	
STREET ADDRESS	321 E WEBSTER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	KING, WILLIAM REEVES	4.2 NAME	
STREET ADDRESS	1173 OLD DIXIE HWY STE B	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with my address, with all other like empowered.

SIGNATURE: *William Reeves King* Wm. Reeves King, Sec. 4/21/2000 561-863-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #