2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# P98000004262

Entity Name: COVENANT HEALTHCARE LAB, INC.

Current Principal Place of Business:

P.O. BOX 1779
MAYO, FL 32066

New Principal Place of Business:

3824 E. HWY 90
LAKE CITY, FL 32055

Current Mailing Address:

3824 E. HWY 90
LAKE CITY, FL 32025

New Mailing Address:

3824 E. HWY 90
LAKE CITY, FL 32055

FEI Number: 59-3435318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, MARION H
SOUTHEAST CORNER OF BLOXHAM AND CLYDE ST.
MAYO, FL 32066 US

Name and Address of New Registered Agent:

MEYER, CHARLES E
3824 E. HWY 90
LAKE CITY, FL 32055 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: CHARLES E. MEYER 05/07/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: COLLINS, MARION H
Address: P.O. BOX 1823
City-St-Zip: PERRY, FL 32348

Title: P ( ) Delete
Name: ROBBINS, RONALD A
Address: 3824 E. HWY 90
City-St-Zip: LAKE CITY, FL 32025

Title: ST ( ) Delete
Name: MEYER, CHARLES
Address: 3824 E. HWY 90
City-St-Zip: LAKE CITY, FL 32025

Title: VP ( ) Delete
Name: MEYER, CHARLES E
Address: 3824 E. HWY 90
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES E. MEYER VP 05/07/2007
Electronic Signature of Signing Officer or Director Date