

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000066165

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** LAB SCIENTIFIC INC.

**Current Principal Place of Business:**

8275 NW 66 ST  
MIAMI, FL 33166

**New Principal Place of Business:**

8275 NW 66 ST  
8275 NW 66ST  
MIAMI, FL 33166 UN

**Current Mailing Address:**

8275 NW 66 ST  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-0852812      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAMADRID, ALEX  
300 S PINE ISLAND RD STE 223  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** ROBERTO, SHLESINGER  
**Address:** 8275 NW 66 ST  
**City-St-Zip:** MIAMI, FL 33166

**Title:** S  
**Name:** ROBERTO, SHLESINGER  
**Address:** 8275 NW 66ST  
**City-St-Zip:** MIAMI, FL 33166

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: ROBERTO SHLESINGER

MGMR

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date