## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000082137**

1. Entity Name

PROFESSIONAL DIAGNOSTIC LABORATORY, INC.



FILED Feb 09, 2004 08:00 AM Secretary of State

Principal Place of Business

5190 N.W. 167TH STREET MIAMI, FL 33014

Mailing Address

5190 N.W. 167TH STREET MIAMI, FL 33014



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

215704

\$8.75 Additional Fee Required

305-624-6/62

6. Name and Address of Current Registered Agent

PARK, YOON YOUNG 5190 N.W. 167TH STREET MIAMI, FL 33014

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title II applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00.  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, YOON YOUNG 5190 N.W. 167TH STREET MIAMI, FL 33014				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000043851 02/10/04-80081-009 150.00
TITLE					
NAME STREET ADDRESS				-	Mr. of August Strates of the Strates of Strategies Strategies
CITY-ST-ZIP				DO	NOT WRITE
TITLE				IN .	THIS SPACE
NAME				***	······································
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS . CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.					