

# ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90638 035 \*\*\*150.00



**DOCUMENT # P99000021459**  
 1. Entity Name  
**Hayes Clinical Laboratory, Inc.**

Principal Place of Business      Mailing Address

2. Principal Place of Business      3. Mailing Address  
**2431 Quantum Blvd.**      **2431 Quantum Blvd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Boynton Beach, FL**      **Boynton Beach, FL**

Zip      Country      Zip      Country  
**33426**           **33426**           **33426**           **33426**

14001816

4. FEI Number      Applied For  
**65-0903735**       Not Applicable

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

6. Name and Address of Current Registered Agent

**Dean, Henry**  
**Del-Ida Park Professional District**  
**251 N.E. Dixie Blvd.**  
**Delray Beach, FL 33444**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_      (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P. <input type="checkbox"/> Delete	TITLE	230 Kensington Way <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Fredrich, Chad	NAME	Wllington, FL 33414
STREET ADDRESS	5486 Barnstead Circle	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33436	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Hays, Trent	NAME	
STREET ADDRESS	10849 Gleneagles Rd.	STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33436	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	10849 Gleneagles Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Atitya, Gora Pabitra	NAME	Boynton Beach, FL 3436
STREET ADDRESS	1300 Park of Commerce, Ste.118	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33445	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      4/9/04      Date      Daytime Phone #