


**2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90036 044 ***150.00

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

DO NOT WRITE IN THIS SPACE

20028007

2. Principal Place of Business 2431 Quantum Blvd.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Boynton Beach, FL	City & State	4. FEI Number 65-0903735	Applied For Not Applicable
Zip 33426	Country P.R. Bch. Co.	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Henry Dean, C.P.A., P.A.	
Street Address (P.O. Box Number is Not Acceptable) Del-Ida Professional District 251 N.E. Dixie Blvd.	
City Delray Beach, FL	Zip Code 33444

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Chad Fredrich 230 Kensington Way Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Trent Hays 1330 S.W. 27th Ave. Boynton Beach, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Tami Nelson 5837 NorthPointe Lane Boynton Beach, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Shelby Hayes 10849 Gleneagles Rd. Boynton Bch, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judith Hayes 10849 Gleneagles Rd. Boynton Bch, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gora Pabitra Aditya 10849 Gleneagles Rd. Boynton Bch., FL 33436	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 on an attachment with an address, with all other like empowered.

SIGNATURE:  CFO
4/4/05 561-752-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2/02)