


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000021459

1. Entity Name
HAYES CLINICAL LABORATORY, INC



Principal Place of Business Mailing Address
2431 QUANTUM BLVD. **2431 QUANTUM BLVD.**
BOYNTON BEACH FL 33426 **BOYNTON BEACH FL 33426**



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

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

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

6. Name and Address of Current Registered Agent

DEAN, HENRY CPA, PA
DEL IDA PARK PROFESSIONAL DISTRICT
251 NE 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when (re)appointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> Delete	NAME: FREDRICH, CHAD STREET ADDRESS: 230 KENSINGTON WAY CITY-ST-ZIP: WELLINGTON FL 33414
TITLE: T <input type="checkbox"/> Delete	NAME: HAYES, TRENT STREET ADDRESS: 1330 SW 27TH AVE CITY-ST-ZIP: BOYNTON BEACH FL 33436
TITLE: D <input type="checkbox"/> Delete	NAME: ADITYA, GORA PABITRA STREET ADDRESS: 10849 GLENEAGLES RD. CITY-ST-ZIP: BOYNTON BEACH FL 3436
TITLE: VP <input type="checkbox"/> Delete	NAME: NELSON, TAMI STREET ADDRESS: 5837 NORTHPOINTE LANE CITY-ST-ZIP: BOYNTON BEACH FL 33437
TITLE: D <input type="checkbox"/> Delete	NAME: HAYES, SHELBY STREET ADDRESS: 10849 GLENEAGLES RD CITY-ST-ZIP: BOYNTON BEACH FL 33436
TITLE: D <input type="checkbox"/> Delete	NAME: HAYES, JUDITH STREET ADDRESS: 5837 NORTHPOINTE LANE CITY-ST-ZIP: BOYNTON BEACH FL 33437

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 info empowered.

SIGNATURE:  DATE: **3-17-06** PHONE: **561-752-5351**