

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000021459**

1. Entity Name

HAYES CLINICAL LABORATORY, INC



Principal Place of Business

2431 QUANTUM BLVD.  
 BOYNTON BEACH FL 33426

Mailing Address

2431 QUANTUM BLVD.  
 BOYNTON BEACH FL 33426



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

65-0903735

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN, HENRY CPA, PA  
 DEL IDA PARK PROFESSIONAL DISTRICT  
 251 NE DIXIE BLVD  
 DELRAY BEACH FL 33444

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000674399	
CITY-ST-ZIP	03/29/07-80061-013 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cfo 561-752-5550