

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**


2008

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90025 034 ***150.00

DOCUMENT # P99000021459

1. Entity Name
Hayes Clinical Laboratory, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2431 Quantum Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Same	
City & State Boynton Beach, FL		City & State	
Zip 33426	Country	Zip	Country

40058067

CR2E034B (8/05)

4. FEI Number 65-0903735		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Henry Dean CPA, PA.			
Street Address (P.O. Box Number is Not Acceptable) Del Ida Park Professional District			
251 NE 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 AR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fredrich, Chad 230 Kensington Way Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9196 Nugent Trail West Palm Beach, Fl 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hayes, Trent 1330 SW 27th Ave Boynton Beach, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelson Tami 5837 Northpoint Lane Boynton Beach, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hayes, Shelby 10849 Gleneagles Road Boynton Beach, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aditya, Gora Pabitra 10849 Gleneagles Road Boynton Beach, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hayes, Judith 5837 Northpoint Lane Boynton Beach, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10849 Gleneagles Road Boynton Beach, Fl 33436

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: *Judith Hayes* CFO 3/18/08 561-732-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #