

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021459

FILED
Jan 27, 2009
Secretary of State

Entity Name: HAYES CLINICAL LABORATORY, INC

Current Principal Place of Business:

2431 QUANTUM BLVD.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2431 QUANTUM BLVD.
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0903735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREDRICH, CHAD
Address: 9196 NUGETN TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T () Delete
Name: HAYES, TRENT
Address: 1330 SW 27TH AVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: ADITYA, GORA PABITRA
Address: 10849 GLENEAGLES RD.
City-St-Zip: BOYNTON BEACH, FL 3436

Title: VP () Delete
Name: NELSON, TAMI
Address: 5837 NORTHPOINTE LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: HAYES, SHELBY
Address: 10849 GLENEAGLES RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: HAYES, JUDITH
Address: 10849 GLENEAGLES ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH HAYES

Electronic Signature of Signing Officer or Director

DIR.

01/27/2009

Date