2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021459

Entity Name: HAYES CLINICAL LABORATORY, INC

FILED Mar 05, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2431 QUANTUM BLVD. BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

2431 QUANTUM BLVD. BOYNTON BEACH, FL 33426

FEI Number: 65-0903735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Name: FREDRICH, CHAD Address: 9196 NUGETN TRAIL

City-St-Zip: WEST PALM BEACH, FL 33411

Title:

Name: HAYES, TRENT Address: 1330 SW 27TH AVE

City-St-Zip: BOYNTON BEACH, FL 33436

Title: D

Name: ADITYA, GORA PABITRA Address: 10849 GLENEAGLES RD. City-St-Zip: BOYNTON BEACH, FL 3436

Title: VP

Name: NELSON, TAMI

Address: 5837 NORTHPOINTE LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: [

 Name:
 HAYES, SHELBY

 Address:
 10849 GLENEAGLES RD

 City-St-Zip:
 BOYNTON BEACH, FL 33436

Title:

Name: HAYES, JUDITH

Address: 10849 GLENEAGLES ROAD City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: JUDITH HAYES CFO 03/05/2010