

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021459

**FILED**  
**Apr 05, 2012**  
**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:**

4380 FEDERAL DRIVE  
SUITE 100  
GREENSBORO, NC 27410

**Current Mailing Address:**

2431 QUANTUM BLVD.  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

4380 FEDERAL DRIVE  
SUITE 100  
GREENSBORO, NC 27410

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  
220 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33444 US

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

WEAVIL, DAVID C  
2431 QUANTUM BOULEVARD  
BOYNTON BEACH, FL 33426 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: DAVID C. WEAVIL

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D, P  
Name: WEAVIL, DAVID C  
Address: 4380 FEDERAL DRIVE, SUITE 100  
City-St-Zip: GREENSBORO, NC 27410

Title: D, S  
Name: SOLOMON, PAUL  
Address: 4380 FEDERAL DRIVE, SUITE 100  
City-St-Zip: GREENSBORO, NC 27410

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: DAVID WEAVIL

PRES

04/05/2012

Electronic Signature of Signing Officer or Director

Date