

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V19064

**FILED**  
**Sep 28, 2006**  
**Secretary of State**

**Entity Name:** C-LAB OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

2611 OLD OKEECHOBEE RD.  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2611 OLD OKEECHOBEE RD  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 65-0299929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESCHES, LARRY M  
222 LAKEVIEW AVENUE SUITE 260  
WEST PALM BEACH, FL 33401 US

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

WAXLER, CAROL S  
518 SW 3RD ST., SUITE 101  
STUART, FL 34994 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: CAROL S WAXLER

09/28/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COFFIN, MARY K.,  
Address: 11800 SE DIXIE HWY  
City-St-Zip: HOBE SOUND, FL

Title: PDST ( ) Delete  
Name: WALTER, ELLIOTT J IV  
Address: 11800 SE DIXIE HWY  
City-St-Zip: HOBE SOUND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COFFIN, MARY K.,  
Address: 2611 OLD OKEECHOBEE RD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PDST (X) Change ( ) Addition  
Name: WALTER, ELLIOTT J IV  
Address: 2611 OLD OKEECHOBEE RD  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY K COFFIN

D

09/28/2006

Electronic Signature of Signing Officer or Director

Date