2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005
Secretary of State

DOCUMENT# V22455

Entity Name: CEDARS DIAGNOSTIC LABS, INC.

Current Principal Place of Business:

7420 NW 5TH STREET, SUITE 111
PLANTATION, FL 33317 US

New Principal Place of Business:

3551 ORANGE AVEN;UE
ORLANDO, FL 32806 US

Current Mailing Address:

790 CHURCH ST NW
SUITE 100
MARIETTA, GA 300608902

New Mailing Address:

FEI Number: 65-0330407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKOWRONSKI, ELIZABETH
3551 S ORANGE AVE
ORLANDO, FL 32806 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: LAVELLE, TODD M
Address: 790 CHURCH ST NW, STE 100
City-St-Zip: MARIETTA, GA 30060 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: LAVELLE, TODD M
Address: 790 CHURCH ST NW, STE 100
City-St-Zip: MARIETTA, GA 30060 US

Title: VD ( ) Change (X) Addition
Name: EVERTSEN, MIKE
Address: 790 CHURCH STREET NW, SUITE 100
City-St-Zip: MARIETTA, GA 30060 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD M LAVELLE PSD 06/01/2005

Electronic Signature of Signing Officer or Director Date