

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G32744

**Entity Name:** ION LABS, INC.

**Current Principal Place of Business:**

5459 115TH AVE N  
CLEARWATER, FL 33760

**Current Mailing Address:**

5459 115TH AVE N  
CLEARWATER, FL 33760 US

**FEI Number:** 59-2368234

**Certificate of Status Desired:** No

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

SCHECHT, NEIL S  
3630 W. KENNEDY BLVD.  
TAMPA, FL 33609 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

**Officer/Director Detail :**

Title            CEOD  
Name            DESJARDINE, CLAYTON P  
Address        79 MARTINIQUE AVE  
City-State-Zip: TAMPA FL 33606

Title            PVST  
Name            DESJARDINE, CLAYTON P  
Address        79 MARTINIQUE AVE  
City-State-Zip: TAMPA FL 33606

Title            D  
Name            DESJARDINE, JULIANNE E  
Address        79 MARTINIQUE AVE  
City-State-Zip: TAMPA FL 33606

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:** CLAYTON P DESJARDINE

CEP

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date