

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K98226

Entity Name: DVA LABORATORY SERVICES, INC.**Current Principal Place of Business:**3951 SW 30TH AVENUE
FORT LAUDERDALE, FL 33312**Current Mailing Address:**601 HAWAII STREET
EL SEGUNDO, CA 90245 US**FEI Number:** 65-0127483**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PD
Name	KOGOD, DENNIS L
Address	601 HAWAII STREET
City-State-Zip:	EL SEGUNDO CA 90245

Title	CFO, TREASURER
Name	MENZEL, GARRY E.
Address	601 HAWAII STREET
City-State-Zip:	EL SEGUNDO CA 90245

Title	VPF
Name	MEHTA, CHETAN P
Address	601 HAWAII STREET
City-State-Zip:	EL SEGUNDO CA 90245

Title	CLOS
Name	RIVERA, KIM M
Address	601 HAWAII STREET
City-State-Zip:	EL SEGUNDO CA 90245

Title	AS
Name	SIDA, ARTURO
Address	601 HAWAII STREET
City-State-Zip:	EL SEGUNDO CA 90245

Title	VP
Name	CLINE, JASON
Address	601 HAWAII STREET
City-State-Zip:	EL SEGUNDO CA 90245

Title	VP
Name	WHITE , TERESA S
Address	601 HAWAII STREET
City-State-Zip:	EL SEGUNDO CA 90245

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: ARTURO SIDA**ASSISTANT SECRETARY** 04/25/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date