

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000010796

**Entity Name:** ACCESS MEDICAL LABORATORIES, INC.

**Current Principal Place of Business:**

5151 CORPORATE WAY  
JUPITER, FL 33458

**Current Mailing Address:**

5151 CORPORATE WAY  
JUPITER, FL 33458

**FEI Number: 59-3764882**

**Certificate of Status Desired: Yes**

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

HILLEY & WYANT-CORTEZ, PA  
840 US HIGHWAY 1  
SUITE 345  
NORTH PALM BEACH, FL 33408 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           PTD/CEO/DIRECTOR  
Name           ELHOSSEINY, MOHAMED  
Address        5151 CORPORATE WAY  
City-State-Zip: JUPITER FL 33458

Title           SVP/DIRECTOR  
Name           ELHOSSEINY, SUSAN  
Address        5151 CORPORATE WAY  
City-State-Zip: JUPITER FL 33458

Title           COCEO, DIRECTOR  
Name           ELHOSSEINY, RYAN  
Address        5151 CORPORATE WAY  
City-State-Zip: JUPITER FL 33458

Title           VP/DIRECTOR  
Name           ELHOSSEINY, SHARIF  
Address        5151 CORPORATE WAY  
City-State-Zip: JUPITER FL 33458

*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: MOHAMED ELHOSSEINY**

**PRESIDENT/CEO**

**01/23/2016**

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

\_\_\_\_\_  
Date