

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000040731

Entity Name: ADVANCED CLINICAL LABORATORIES, INC.

Current Principal Place of Business:

4290 S. HIGHWAY 27
SUITE 201
CLERMONT, FL 34711

Current Mailing Address:

4290 S. HIGHWAY 27
SUITE 201
CLERMONT, FL 34711 US

FEI Number: 16-1660256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTERS, CHAD A ESQ.
222 WEST COMSTOCK AVE
SUITE 208
WINTER PARK, FL 32789 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: CHAD A. WALTERS

11/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PARADIGM HEALTHCARE, LLC
Address 4290 S. HIGHWAY 27
SUITE 201
City-State-Zip: CLERMONT FL 34711

Title SECRETARY
Name SANTANA, DAVIAN
Address 4290 S. HIGHWAY 27, STE. 201
City-State-Zip: CLERMONT FL 34711

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: DAVIAN SANTANA

SECRETARY

11/23/2015

Electronic Signature of Signing Officer/Director Detail

Date