

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000026332

Entity Name: DOCTOR'S CLINICAL LABORATORY SERVICES, INC.

Current Principal Place of Business:

8280 NW 27 STREET
SUITE 501
DORAL, FL 33122

Current Mailing Address:

8280 NW 27 STREET
SUITE 501
DORAL, FL 33122

FEI Number: 27-2207464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENITEZ, RAFAEL
8280 NW 27 ST
SUITE 501
DORAL, FL 33122 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 P,VP
Name BENITEZ, RAFAEL
Address 8280 NW 27 ST # 501
City-State-Zip: DORAL FL 33122

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: RAFAEL BENITEZ

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date