2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2019
Secretary of State
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Entity Name: MY CLINICAL LAB, INC.

Current Principal Place of Business:

15481 SW 12TH ST
STE 303
SUNRISE, FL 33326

Current Mailing Address:

15481 SW 12TH ST
STE 303
SUNRISE, FL 33326 US

FEI Number: 83-2448595

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARTITEGUI, AITOR
15481 SW 12TH ST
STE 303
SUNRISE, FL 33326 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
Name	LARTITEGUI, AITOR
Address	15481 SW 12TH ST STE 303
City-State-Zip:	SUNRISE FL 33326

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: LARTITEGUI , AITOR PRESIDENT 01/09/2019

Electronic Signature of Signing Officer/Director Detail — Date