

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002034

**Entity Name:** NORTH SHORE MEDICAL LABS, INC.

**Current Principal Place of Business:**

463 WILLIS AVENUE  
WILLISTON PARK, NY 11596

**Current Mailing Address:**

463 WILLIS AVENUE  
WILLISTON PARK, NY 11596

**FEI Number:** 11-2981841

**Certificate of Status Desired:** Yes

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

ISHMAEL, KISHA  
2137 SAND ARBOR CIRCLE  
ORLANDO, FL 32824 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 CHRM  
Name RUDER, USHA MD  
Address 24 NIGHT HERON DRIVE  
City-State-Zip: STONYBROOK NY 11790

Title CEO  
Name SHEIKH, ABID  
Address 60 PEMBROKE DRIVE  
City-State-Zip: GLEN COVE NY 11542

*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:** ABID SHEIKH

CEO

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date