

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052389

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: MERIDIAN CLINICAL LABORATORY CORP.

**Current Principal Place of Business:**

300 S.W. 107TH AVENUE  
SUITE 209  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

300 S.W. 107TH AVENUE  
SUITE 209  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 65-1014344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ACOSTA, MARIA  
300 SW 107 AVE  
209  
MIAMI, FL 33174 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANCHEZ, JOSEFINA  
Address: 300 S.W. 107TH AVENUE SUITE 207  
City-St-Zip: MIAMI, FL 33174

Title: SD ( ) Delete  
Name: ACOSTA, MARIA  
Address: 300 S.W. 107TH AVENUE SUITE 208  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA ACOSTA

SD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date