

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119985

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** GENALAB SALES AND MARKETING, LLC

**Current Principal Place of Business:**

2150 PALM HARBOR BOULEVARD  
SUITE A  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

2999 PALM HARBOR BOULEVARD  
SUITE B  
PALM HARBOR, FL 34683

**Current Mailing Address:**

2150 PALM HARBOR BOULEVARD  
SUITE A  
PALM HARBOR, FL 34683

**New Mailing Address:**

2999 PALM HARBOR BOULEVARD  
SUITE B  
PALM HARBOR, FL 34683

**FEI Number:** 27-1564574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LONG, VIRGINIA A  
2150 PALM HARBOR BOULEVARD  
SUITE A  
PALM HARBOR, FL 34683 US

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

LONG, VIRGINIA A  
2999 PALM HARBOR BOULEVARD  
SUITE B  
PALM HARBOR, FL 34683 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: \_\_\_\_\_

01/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LONG, VIRGINIA A  
Address: 2999 PALM HARBOR BOULEVARD, STE. B  
City-St-Zip: PALM HARBOR, FL 34683

Title: PRES  
Name: ANDERSON, DAMIAN  
Address: 2999 PALM HARBOR BOULEVARD, STE. B  
City-St-Zip: PALM HARBOR, FL 34683

Title: VP  
Name: BOUCKENOOGHE, JULIE  
Address: 2999 PALM HARBOR BOULEVARD, STE. B  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAMIAN K. ANDERSON

PRES

01/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date