

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048507

Entity Name: WEST BROWARD CLINICAL LABORATORY, LLC

Current Principal Place of Business:

4850 WEST OAKLAND PARK BLVD.,
SUITE 145
FORT LAUDERDALE, FL 33313

Current Mailing Address:

4850 WEST OAKLAND PARK BLVD.,
SUITE 145
FORT LAUDERDALE, FL 33313

FEI Number: 26-0096441

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, BRIAN A
201 SOUTH BISCAYNE BOULEVARD
22ND FLOOR, MIAMI CENTER
MIAMI, FL 33131 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

Authorized Person(s) Detail :

Title MGRM
Name DAUER, EDWARD A DR.
Address 4850 W OAKLAND PARK BLVD, SUITE
#145
City-State-Zip: FORT LAUDERDALE FL 33313

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD A. DAUER

PRESIDENT

03/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date