### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000069580

Entity Name: DISEASE TESTING & MANAGEMENT, LLC

Jan 14, 2014

**Secretary of State** CC2715919309

**FILED** 

# **Current Principal Place of Business:**

800 N FRANKLIN ST #3311

TAMPA, FL 33602

# **Current Mailing Address:**

800 N FRANKLIN ST #3311 TAMPA, FL 33602 US

FEI Number: 27-2957231 Certificate of Status Desired: No

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

MARTEL, KYLE J 800 N FRANKLIN ST #3311 TAMPA, FL 33602 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: KYLE MARTEL 01/14/2014

> Date Electronic Signature of Registered Agent

#### Authorized Person(s) Detail:

Title MGR

MARTEL, KYLE J Name

3230 MARCELLUS CIRCLE Address

City-State-Zip: TAMPA FL 33701

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.