

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069580

**Entity Name:** DISEASE TESTING & MANAGEMENT, LLC

**Current Principal Place of Business:**

3230 MARCELLUS CIRCLE  
TAMPA, FL 33609

**Current Mailing Address:**

3230 MARCELLUS CIRCLE  
TAMPA, FL 33609 US

**FEI Number:** 27-2957231

**Certificate of Status Desired:** No

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

LEWALT CONSULTING GROUPE, LLC  
1015 DARTMOOR STREET NORTH  
ST. PETERSBURG, FL 33701 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 MARTEL, KYLE J  
Address 3230 MARCELLUS CIRCLE  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KYLE J MARTEL

MGRM

01/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date