

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004058

Entity Name: UNIVERSAL ORAL FLUID LAB OF PA, LLC

Current Principal Place of Business:

2913 BEACON WAY
PITTSBURGH, PA 15241

Current Mailing Address:

2913 BEACON WAY
PITTSBURGH, PA 15241

FEI Number: 27-2994678

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607 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 MGR
Name HUGHES, WILLIAM
Address 2913 BEACON WAY
City-State-Zip: PITTSBURGH PA 15241

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: WILLIAM HUGHES

OWNER

02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date