

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007038

**Entity Name:** CIRCULOGENE DIAGNOSTICS, LLC

**Current Principal Place of Business:**

3125 INDEPENDENCE DRIVE, SUITE 301  
HOMEWOOD, AL 35209

**Current Mailing Address:**

3125 INDEPENDENCE DRIVE  
HOMEWOOD, AL 35209 US

**FEI Number:** 47-3255195

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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            CEO  
Name            MULLEN, MIKE  
Address        3125 INDEPENDENCE DRIVE  
City-State-Zip:    HOMEWOOD AL 35209

Title            MANAGER  
Name            MULLEN, MIKE  
Address        3125 INDEPENDENCE DRIVE  
City-State-Zip:    HOMEWOOD AL 35209

Title            CHIEF OPERATIONS OFFICER  
Name            REZEK, SCOTT  
Address        3125 INDEPENDENCE DRIVE  
City-State-Zip:    HOMEWOOD AL 35209

Title            MANAGER  
Name            REZEK, SCOTT  
Address        3125 INDEPENDENCE DRIVE  
City-State-Zip:    HOMEWOOD AL 35209

Title            MANAGER  
Name            YEH, CHEN  
Address        3125 INDEPENDENCE DRIVE  
City-State-Zip:    HOMEWOOD AL 35209

*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:** MIKE MULLEN

**MANAGER**

**05/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date