

2018 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
SUITE 301
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: SCOTT REZEK

COO

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date