

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016156

Entity Name: BIOPSY SCIENCES, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

300 SPOTTIS WOODS COURT
CLEARWATER, FL 33756

New Principal Place of Business:

4900 CREEKSIDE DRIVE
SUITE C
CLEARWATER, FL 33760

Current Mailing Address:

300 SPOTTIS WOODS COURT
CLEARWATER, FL 33756

New Mailing Address:

4900 CREEKSIDE DRIVE
SUITE C
CLEARWATER, FL 33760

FEI Number: 59-3689083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIBSON, JAMES C
Address: 300 SPOTTIS WOODS CT.
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: FISHER, JOHN S
Address: 310 PALMETTO RD.
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM () Delete
Name: AHARI, FRED
Address: 6340 N. PINNACLE RIDGE DR.
City-St-Zip: TUCSON, AZ 85718

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JAMES C. GIBSON

MGRM

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date