

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009617

1. Entity Name
SPRINT LAB, LLC



Principal Place of Business
850 IVES DAIRY RD.
STE. T-5
MIAMI, FL 33140-2499 US

Mailing Address
850 IVES DAIRY RD.
STE. T-5
MIAMI, FL 33140-2499 US

FILED

04 APR 14 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1113968

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROFESSIONAL MEDICAL BILLING CENTER, INC.
3600 S STATE RD 7
MIRAMAR, FL 33023

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sharon Wallace Sharon Wallace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/04
DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000103439
04/05/04-80056-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTON DISTRIBUTION COMPANY, INC. 2863 NORTH LAKE BLVD., STE. 3 LAKE PARK, FL 334031959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROFESSIONAL MEDICAL BILLING CENTER, INC. 3600 SOUTH STATE ROAD 7 MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, AMLED 208 THREE ISLANDS BLVD., APT. 202 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ONEIL Wallace ONEIL Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1/04
Date

305 917-9017
Daytime Phone #