

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000895

**FILED**  
**Jun 29, 2011**  
**Secretary of State**

**Entity Name:** CONSULT FIRST TOXICOLOGY L.L.C.

**Current Principal Place of Business:**

16824 MAHAN DRIVE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

16824 MAHAN DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 56-2337137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHEN R.A. KNIGHT & ASSOCIATES, L.L.C.  
501 EAST TENNESSEE STREET, SUITE C  
TALLAHASSEE, FL 32308 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:** DR.  
**Name:** MADDEN, UFORD A DVM PHD  
**Address:** 16824 MAHAN DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32309

I hereby 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:** UFORD A. MADDEN

DR.

06/29/2011

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