

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000021902

FILED
Oct 25, 2006
Secretary of State

Entity Name: ROHAN CLINICAL LABORATORIES, LLC

Current Principal Place of Business:

414 ROBERTSON STREET
BRANDON, FL 33511 US

New Principal Place of Business:

8300 WEST SUNRISE BLVD
PLANTATION, FL 33322 US

Current Mailing Address:

414 ROBERTSON STREET
BRANDON, FL 33511 US

New Mailing Address:

8300 WEST SUNRISE BLVD
PLANTATION, FL 33322 US

FEI Number: 55-0836644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TIPNES, VICK MGRM
414 ROBERTSON STREET
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

GELFAND, MARK E MGRM
8300 WEST SUNRISE BLVD
PLANTATION, FL 33322 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: MARK E GELFAND

10/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TIPNES, VICK
Address: 414 ROBERTSON STREET
City-St-Zip: BRANDON, FL 33511 US

Title: MGR () Delete
Name: ANGIER, SARAH B
Address: 414 ROBERTSON STREET
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GELFAND, MARK
Address: 8300 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR (X) Change () Addition
Name: DOSHI, NITIN
Address: 8300 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK E GELFAND

MGRM

10/25/2006

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